

<p style="text-align: center;">Page 1</p> <p style="text-align: center;">IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF OHIO EASTERN DIVISION</p> <p style="text-align: center;">- - -</p> <p>IN RE: NATIONAL : MDL NO. 2804 PRESCRIPTION OPIATE : LITIGATION :</p> <p style="text-align: center;">-----</p> <p style="text-align: center;">: CASE NO. THIS DOCUMENT : 1:17-MD-2804 RELATES TO ALL CASES: : Hon. Dan A. : Polster</p> <p style="text-align: center;">- - -</p> <p style="text-align: center;">Friday November 16, 2018</p> <p style="text-align: center;">- - -</p> <p style="text-align: center;">HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER CONFIDENTIALITY REVIEW</p> <p style="text-align: center;">- - -</p> <p>Videotaped deposition of JOHN HASSLER, taken pursuant to notice, was held at Golkow Litigation Services, One Liberty Place, 1650 Market Street, Suite 5150, Philadelphia, Pennsylvania 19103, beginning at 10:43 a.m., on the above date, before Amanda Dee Maslynsky-Miller, a Certified Realtime Reporter.</p> <p style="text-align: center;">- - -</p> <p style="text-align: center;">GOLKOW LITIGATION SERVICES 877 370.3377 ph 917.591.5672 fax deps@golkow.com</p>	<p style="text-align: center;">Page 2</p> <p>1 APPEARANCES:</p> <p>2</p> <p>3 WAGSTAFF & CARTMELL, LLP</p> <p>4 BY: THOMAS P. CARTMELL, ESQUIRE</p> <p>5 BY: ANDREW N. FAES, ESQUIRE</p> <p>6 4740 Grand Avenue</p> <p>7 Suite 300</p> <p>8 Kansas City, Missouri 64112</p> <p>9 (816) 701-1100</p> <p>10 Tcartmell@wcllp.com</p> <p>11 Afaes@wcllp.com</p> <p>12 Representing the Plaintiffs</p> <p>13</p> <p>14 SKIKOS, CRAWFORD, SKIKOS & JOSEPH, LLP</p> <p>15 BY: MARK G. CRAWFORD, ESQUIRE</p> <p>16 BY: DYLAN JENSEN, ESQUIRE</p> <p>17 One Sansome Street</p> <p>18 Suite 2830</p> <p>19 San Francisco, California 94104</p> <p>20 (415) 546-7300</p> <p>21 Mccrawford@skikos.com</p> <p>22 Djensen@skikos.com</p> <p>23 Representing the Plaintiffs</p> <p>24</p> <p>1 WILLIAMS & CONNOLLY, LLP</p> <p>2 BY: MATTHEW P. MOONEY, ESQUIRE</p> <p>3 725 Twelfth Street, N.W.</p> <p>4 Washington, DC 20005</p> <p>5 (202) 434-5000</p> <p>6 mmooney@wc.com</p> <p>7 Representing the Defendant,</p> <p>8 Cardinal Health</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
<p style="text-align: center;">Page 3</p> <p>1 APPEARANCES: (Continued)</p> <p>2</p> <p>3 JONES DAY</p> <p>4 BY: LOUIS P. GABEL, ESQUIRE</p> <p>5 150 West Jefferson Street</p> <p>6 Suite 2100</p> <p>7 Detroit, Michigan 48226</p> <p>8 (313) 733-3939</p> <p>9 lpgabel@jonesday.com</p> <p>10 Representing the Defendant,</p> <p>11 Walmart</p> <p>12</p> <p>13 MORGAN LEWIS & BOCKIUS, llp</p> <p>14 BY: REBECCA J. HILLYER, ESQUIRE</p> <p>15 BY: EVAN K. JACOBS, ESQUIRE</p> <p>16 1701 Market Street</p> <p>17 Philadelphia, Pennsylvania 19103</p> <p>18 (215) 963-5000</p> <p>19 Rebecca.hillyer@morganlewis.com</p> <p>20 Evan.jacobs@morganlewis.com</p> <p>21 Representing the Defendant,</p> <p>22 Teva Pharmaceuticals</p> <p>23</p> <p>24 VIA TELEPHONE/LIVESTREAM:</p> <p>1 KIRKLAND & ELLIS LLP</p> <p>2 BY: JENNIFER LEVY, P.C, ESQUIRE</p> <p>3 BY: CATIE VENTURA, ESQUIRE</p> <p>4 655 Fifteenth Street, N.W.</p> <p>5 Washington, D.C. 20005</p> <p>6 (202) 879-5000</p> <p>7 Jennifer.levy@kirkland.com</p> <p>8 Catie.ventura@kirkland.com</p> <p>9 Representing the Defendant,</p> <p>10 Allergan Finance, LLC</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p style="text-align: center;">Page 4</p> <p>1 APPEARANCES: (Continued)</p> <p>2 VIA TELEPHONE/LIVESTREAM:</p> <p>3</p> <p>4 JACKSON KELLY PLLC</p> <p>5 BY: SANDRA K. ZERRUSEN, ESQUIRE</p> <p>6 50 South Main Street</p> <p>7 Suite 201</p> <p>8 Akron, Ohio 44308</p> <p>9 (330) 252-9060</p> <p>10 Skzerrusen@jacksonkelly.com</p> <p>11 Representing the Defendant,</p> <p>12 AmerisourceBergen Corporation</p> <p>13</p> <p>14 COVINGTON & BURLING LLP</p> <p>15 BY: CLAYTON BAILEY, ESQUIRE</p> <p>16 850 Tenth Street, NW</p> <p>17 Suite 856N</p> <p>18 Washington, DC 20001</p> <p>19 (202) 662-5000</p> <p>20 cbailey@cov.com</p> <p>21 Representing the Defendant,</p> <p>22 McKesson Corporation</p> <p>23</p> <p>24</p> <p>1 ARNOLD & PORTER KAYE SCHOLER, LLP</p> <p>2 BY: CAITLIN MARTINI MIKA, ESQUIRE</p> <p>3 70 West Madison Street</p> <p>4 Suite 4200</p> <p>5 Chicago, Illinois 60602</p> <p>6 (312) 583-2300</p> <p>7 Caitlin.mika@arnoldporter.com</p> <p>8 Representing the Defendant,</p> <p>9 Endo Pharmaceuticals, Endo Health</p> <p>10 Solutions Inc. and Par</p> <p>11 Pharmaceutical, Inc., Par</p> <p>12 Pharmaceutical Companies, Inc</p> <p>13 (F/K/A Par Pharmaceutical Holdings,</p> <p>14 Inc.)</p> <p>15 ALSO PRESENT:</p> <p>16 David Lane, Videographer</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

1	---
2	INDEX
3	---
4	
5	Testimony of: JOHN HASSLER
6	By Mr Crawford 11, 406
7	By Mr Cartmell 178, 396
8	By Ms Hillyer 391
9	---
10	EXHIBITS
11	---
12	NO DESCRIPTION PAGE
13	Teva-Hassler
14	Exhibit-001 Teva Defendants 30(b)(6)
15	Deposition; Topic, Objections,
16	Notes, References 33
17	Teva-Hassler
18	Exhibit-002 John Hassler Deposition
19	Preparation 26
20	Teva-Hassler
21	Exhibit-003 Written Responses of
22	Defendants Cephalon, Inc
23	Teva Pharmaceuticals USA,
24	Inc Actavis LLC, Actavis
	Pharma, Inc., and Watson
	Laboratories, Inc To
	Plaintiffs' Fourth Amended
	Notice of Deposition
	Pursuant to Rule 30(b)(6) 119
	Teva-Hassler
	Exhibit-004 Appendix 1 34

1	---
2	EXHIBITS
3	---
4	
5	NO DESCRIPTION PAGE
6	Teva-Hassler
7	Exhibit-005 ALLERGAN_MDL_02186860-869 59
8	Teva-Hassler
9	Exhibit-006 Appendix 2 - Topic 3 -
10	Boards of Directors 64
11	Teva-Hassler
12	Exhibit-007 Appendix 3 - Topic 5 -
13	Identification of SOM
14	Policies 72
15	Teva-Hassler
16	Exhibit-008 Appendix 4 - Topic 10 -
17	Identification of Policies
18	And Procedures 101
19	Teva-Hassler
20	Exhibit-009 Appendix 5 - Topic 11 331
21	Teva-Hassler
22	Exhibit-010 TEVA_MDL_A_01087806-808 110
23	Teva-Hassler
24	Exhibit-011 Fourth Amended Notice of
	Deposition Pursuant to
	Rule 30(b)(6) and Document
	Request Pursuant to Rule
	30(b)(2) and Rule 34 to
	Defendants Teva
	Pharmaceuticals USA, Inc ,
	Cephalon, Inc , Watson
	Laboratories, Inc , Actavis,
	LLC, and Actavis Pharma,
	Inc , F/K/A Watson
	Pharma, Inc 17

1	---
2	EXHIBITS
3	---
4	
5	NO. DESCRIPTION PAGE
6	Teva-Hassler
7	Exhibit-012 ALLERGAN_MDL_01373716-721 17
8	Teva-Hassler
9	Exhibit-013 List of Defendants 149
10	Teva-Hassler
11	Exhibit-014 TEVA_MDL_A_01373059-150 195
12	Teva-Hassler
13	Exhibit-015 TEVA_MDL_A_02383521-526 206
14	Teva-Hassler
15	Exhibit-016 TEVA_MDL_A_02383517 209
16	Teva-Hassler
17	Exhibit-017 U.S. Pharmaceutical
18	Operations 212
19	Teva-Hassler
20	Exhibit-018 TEVA_MDL_A_01130623 270
21	Teva-Hassler
22	Exhibit-019 TEVA_MDL_A_02914333 276
23	Teva-Hassler
24	Exhibit-020 Corporate Integrity Agreement
	Between the Office of
	Inspector General of the
	Department of Health and
	Human Services and
	Cephalon, Inc. 293
	Teva-Hassler
	Exhibit-021 TEVA_MDL_A_03272088-117 299

1	---
2	EXHIBITS
3	---
4	
5	NO. DESCRIPTION PAGE
6	Teva-Hassler
7	Exhibit-022 TEVA_MDL_A_06557274-277 363
8	Teva-Hassler
9	Exhibit-023 TEVA_MDL_A_06557278 364
10	Teva-Hassler
11	Exhibit-024 TEVA_MDL_A_03413816 374
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	

Page 9	Page 10
<p>1 - - -</p> <p>2 DEPOSITION SUPPORT INDEX</p> <p>3 - - -</p> <p>4</p> <p>5 Direction to Witness Not to Answer</p> <p>6 Page Line Page Line Page Line</p> <p>7 None</p> <p>8</p> <p>9</p> <p>10 Request for Production of Documents</p> <p>11 Page Line Page Line Page Line</p> <p>12 None</p> <p>13</p> <p>14</p> <p>15 Stipulations</p> <p>16 Page Line Page Line Page Line</p> <p>17 10 1</p> <p>18</p> <p>19</p> <p>20 Question Marked</p> <p>21 Page Line Page Line Page Line</p> <p>22 None</p> <p>23</p> <p>24</p>	<p>1 - - -</p> <p>2 (It is hereby stipulated and</p> <p>3 agreed by and among counsel that</p> <p>4 sealing, filing and certification</p> <p>5 are waived; and that all</p> <p>6 objections, except as to the form</p> <p>7 of the question, will be reserved</p> <p>8 until the time of trial.)</p> <p>9 - - -</p> <p>10 VIDEO TECHNICIAN: We are</p> <p>11 now on the record. My name is</p> <p>12 David Lane, videographer for</p> <p>13 Golkow Litigation Services.</p> <p>14 Today's date is November 16th,</p> <p>15 2018. Our time is 10:43 a.m.</p> <p>16 This deposition is taking</p> <p>17 place in Philadelphia,</p> <p>18 Pennsylvania, in the matter of</p> <p>19 National Prescription Opioid</p> <p>20 Litigation, MDL. Our deponent</p> <p>21 today is John Hassler.</p> <p>22 Our counsel will be noted on</p> <p>23 the stenographic record. The</p> <p>24 court reporter today is Amanda</p>
Page 11	Page 12
<p>1 Miller, who will now swear in our</p> <p>2 witness.</p> <p>3 - - -</p> <p>4 JOHN HASSLER, after having</p> <p>5 been duly sworn, was examined and</p> <p>6 testified as follows:</p> <p>7 - - -</p> <p>8 VIDEO TECHNICIAN: Please</p> <p>9 begin.</p> <p>10 - - -</p> <p>11 EXAMINATION</p> <p>12 - - -</p> <p>13 BY MR. CRAWFORD:</p> <p>14 Q. Good morning.</p> <p>15 A. Good morning.</p> <p>16 Q. Could you please state your</p> <p>17 full name for the record?</p> <p>18 A. John David Hassler.</p> <p>19 Q. My name is Mark Crawford,</p> <p>20 I'm with Skikos Crawford, and I represent</p> <p>21 the plaintiffs. I'm here with Mr. Tom</p> <p>22 Cartmell, who also will be asking</p> <p>23 questions today, from Wagstaff Cartmell.</p> <p>24 Are you here today to</p>	<p>1 testify as a Rule 30(b)(6) designee?</p> <p>2 A. Yes.</p> <p>3 Q. And can you please state</p> <p>4 your current employer?</p> <p>5 A. Teva Sales and Marketing.</p> <p>6 Q. Is that the actual name of</p> <p>7 the company?</p> <p>8 A. Yes.</p> <p>9 Q. Is it Sales and Marketing,</p> <p>10 Inc., or have any -- what's its full</p> <p>11 legal corporate name?</p> <p>12 A. I believe it's just Teva</p> <p>13 Sales and Marketing.</p> <p>14 Q. And does it have a parent</p> <p>15 corporation?</p> <p>16 A. Yes.</p> <p>17 Q. And what is that?</p> <p>18 A. It's a subsidiary of Teva</p> <p>19 Pharmaceuticals USA.</p> <p>20 Q. And that's one of the</p> <p>21 defendants here you're testifying on</p> <p>22 behalf of today, right?</p> <p>23 A. Yes.</p> <p>24 Q. And what is your current</p>

<p style="text-align: right;">Page 13</p> <p>1 position at -- please repeat the name of</p> <p>2 the company.</p> <p>3 A. Teva Sales and Marketing.</p> <p>4 My current title is senior</p> <p>5 vice president and general manager, Teva</p> <p>6 CNS.</p> <p>7 Q. And is that -- do you have</p> <p>8 any responsibility over sales and</p> <p>9 marketing of opioid products?</p> <p>10 A. Not currently.</p> <p>11 Q. And had you had any</p> <p>12 responsibility previously?</p> <p>13 A. Yes. Between 2015 and 2017,</p> <p>14 I had responsibility for Actiq and</p> <p>15 Fentora in my portfolio of products.</p> <p>16 Q. Just the brand, or was it</p> <p>17 brand and generic?</p> <p>18 A. Just brands.</p> <p>19 Q. And what were your</p> <p>20 responsibilities with regard to those</p> <p>21 drugs?</p> <p>22 A. Approving the work plans</p> <p>23 that were developed by -- at that time,</p> <p>24 the brand team was only -- it only</p>	<p style="text-align: right;">Page 14</p> <p>1 included Fentora, we didn't do anything</p> <p>2 with Actiq.</p> <p>3 Q. And who was head of the</p> <p>4 brand team during this time period?</p> <p>5 A. At that time it was Jeff</p> <p>6 Dirks.</p> <p>7 Q. How do you spell Dirks?</p> <p>8 A. D-I-R-K-S.</p> <p>9 Q. And have you been deposed</p> <p>10 before?</p> <p>11 A. I have.</p> <p>12 Q. And how many times?</p> <p>13 A. I believe there have been</p> <p>14 four different deposition days, and three</p> <p>15 issues that I was deposed on.</p> <p>16 Q. And were any of those</p> <p>17 depositions related to opioids?</p> <p>18 A. Yes.</p> <p>19 Q. And can you describe for me</p> <p>20 the matter that you testified in with</p> <p>21 regard to opioids?</p> <p>22 A. I represented the company as</p> <p>23 a 30(b)(6) witness in a suit that was</p> <p>24 brought by the state of Oklahoma. And</p>
<p style="text-align: right;">Page 15</p> <p>1 I've been through two days of deposition</p> <p>2 in that capacity.</p> <p>3 Q. And when was that</p> <p>4 deposition?</p> <p>5 A. One was just last week, and</p> <p>6 the other, I believe it was in September.</p> <p>7 Q. Both in that case, correct?</p> <p>8 A. Yes.</p> <p>9 Q. And any other depositions</p> <p>10 related to opioids?</p> <p>11 A. No.</p> <p>12 Q. Any other depositions</p> <p>13 related to a pharmaceutical product?</p> <p>14 A. Yes.</p> <p>15 Q. And what were they, those</p> <p>16 products?</p> <p>17 A. Copaxone, and it was a</p> <p>18 patent dispute.</p> <p>19 Q. And the other matter?</p> <p>20 A. The other matter was a</p> <p>21 lawsuit brought against the company by</p> <p>22 two individual sales reps.</p> <p>23 Q. And what were they claiming,</p> <p>24 basically?</p>	<p style="text-align: right;">Page 16</p> <p>1 A. It's been a few years ago.</p> <p>2 Q. That's okay.</p> <p>3 A. They were claiming</p> <p>4 inappropriate speaker program</p> <p>5 compensation.</p> <p>6 Q. And were they claiming that</p> <p>7 they were speakers at the program and</p> <p>8 should have been compensated, or what was</p> <p>9 the --</p> <p>10 A. No. They were claiming that</p> <p>11 speakers were compensated when programs</p> <p>12 never took place.</p> <p>13 Q. And what state was that</p> <p>14 lawsuit taking place in?</p> <p>15 A. I don't remember.</p> <p>16 Q. All right. And since you've</p> <p>17 been deposed, I think you know the rules.</p> <p>18 You're under oath, correct?</p> <p>19 A. Yes.</p> <p>20 Q. And you know you're to wait</p> <p>21 for me to finish my question and --</p> <p>22 before responding and not to talk over</p> <p>23 each other. You seem pretty attuned to</p> <p>24 that, correct?</p>

Page 17

1 A. Yes.
 2 Q. Great. Thank you.
 3 Let's mark -- or let's pull
 4 out Exhibit-11, which was the notice of
 5 deposition.
 6 - - -
 7 (Whereupon, Teva-Hassler
 8 Exhibit-011, Fourth Amended Notice
 9 of Deposition Pursuant to Rule
 10 30(b)(6) and Document Request
 11 Pursuant to Rule 30(b)(2) and Rule
 12 34 to Defendants Teva
 13 Pharmaceuticals USA, Inc.,
 14 Cephalon, Inc., Watson
 15 Laboratories, Inc., Actavis, LLC,
 16 and Actavis Pharma, Inc., F/K/A
 17 Watson Pharma, Inc., was marked
 18 for identification.)
 19 - - -
 20 (Whereupon, Teva-Hassler
 21 Exhibit-012,
 22 ALLERGAN_MDL_01373716-721, was
 23 marked for identification.)
 24 - - -

Page 18

1 MR. CRAWFORD: These are
 2 premarked exhibits. I'll put it
 3 on the record here.
 4 BY MR. CRAWFORD:
 5 Q. Before I get there, what's
 6 your current office address?
 7 A. 11 -- 11100 Nall Avenue,
 8 Overland Park, Kansas.
 9 Q. And what's your home
 10 address, please?
 11 A. [REDACTED]
 12 [REDACTED]
 13 Q. All right. So we marked --
 14 or have premarked exhibits. Exhibits-1
 15 through 10 were exhibits that were
 16 provided to us by counsel today.
 17 Do you have those in front
 18 of you?
 19 A. Yes.
 20 Q. And are these documents that
 21 you reviewed prior to the deposition?
 22 A. Yes.
 23 Q. And are you relying on them
 24 for the deposition?

Page 19

1 A. Yes.
 2 Q. And did you help prepare
 3 these documents?
 4 A. Yes. I had requested the
 5 information and reviewed and asked for
 6 edits to the information, just to serve
 7 as a reminder to me of what we had
 8 reviewed.
 9 Q. Okay. And so these were
 10 helped -- were prepared to help you
 11 testify today, correct?
 12 A. Yes.
 13 Q. All right. Who else was
 14 involved in preparing these?
 15 A. My counsel, Becca and Evan.
 16 Q. Thank you.
 17 Anyone else, editing or
 18 writing?
 19 A. Monica. I believe her last
 20 name is Padroza.
 21 Q. Is she with the law firm?
 22 A. Yes.
 23 That's -- and those are the
 24 only people that I'm aware that I

Page 20

1 interacted with.
 2 Q. Great. Thank you.
 3 And we premarked here
 4 Exhibit-11, which is the fourth amended
 5 notice of deposition pursuant to Rule
 6 30(b)(6), and document requests pursuant
 7 to Rule 30(b)(2) and Rule 34 to
 8 defendants Teva Pharmaceuticals, USA
 9 Inc., Cephalon, Inc., Watson
 10 Laboratories, Inc., Actavis LLC and
 11 Actavis Pharma Inc., f/k/a Watson Pharma,
 12 Inc.
 13 Have you seen this document
 14 before?
 15 A. Yes.
 16 Q. And are you here to
 17 testify -- designated by these entities
 18 to testify in this deposition?
 19 A. I am.
 20 Q. And do you understand you're
 21 testifying, in fact, for the company on
 22 behalf of the company?
 23 A. I do.
 24 Q. You've reviewed the topics

1 listed here today, correct?

2 A. Yes.

3 Q. And is it your understanding
4 that you're testifying as to a limited
5 number of these topics today, and there
6 will be a second day with regard to the
7 other topics?

8 A. Yes.

9 Q. And I'm just going to read
10 off the topics. I don't know if you'll
11 remember them.

12 But my understanding is
13 you're testifying as to Topics 1, 3, 4,
14 5, 7, 8, 10, 11, 19, 21, 28, 35 and 45
15 today.

16 A. That sounds right.

17 Q. Great. Thank you.

18 And I see the first document
19 that was provided to us is a rather large
20 chart here. This is a table, it looks
21 like.

22 There are additional topics
23 on here, but these are -- the other
24 topics are information about topics you

1 anticipate testifying to in the second
2 day, correct?

3 A. These topics, the 17 that
4 are listed here, are the ones that I've
5 been preparing for.

6 Q. Okay. And I think some of
7 them are for the second day?

8 MR. CRAWFORD: Is that
9 correct?

10 MS. HILLYER: Mark, no. My
11 understanding was all the ones
12 that he's prepared for today were
13 ones that we agreed on for today,
14 and I think we have written
15 correspondence pretty clearly
16 delineating those topics as to
17 which would be covered today.

18 So --

19 MR. CRAWFORD: Can we go off
20 the record real briefly? Because
21 we do need to get clear on the
22 topics we're testifying to. It
23 will just be very brief.

24 VIDEO TECHNICIAN: Going off

1 the record. 10:54 a.m.

2 - - -

3 (Whereupon, a brief recess
4 was taken.)

5 - - -

6 VIDEO TECHNICIAN: Back on
7 record at 10:57 a.m.

8 MR. CRAWFORD: Ms. Hillyer
9 was entirely correct. We have
10 four additional topics that you're
11 testifying to today, that's 37,
12 38, 40 and 6.

13 BY MR. CRAWFORD:

14 Q. So you're prepared to
15 testify as to those topics as well,
16 correct?

17 A. Yes.

18 Q. Are you here at all to
19 testify on behalf of Allergan Finance,
20 LLC?

21 A. No.

22 Q. Are you here to testify on
23 behalf of Allergan, PLC?

24 A. No.

1 Q. Are you here to testify on
2 behalf of any corporate entity that's
3 related in any way right now to Allergan,
4 PLC?

5 A. Not that I'm aware of.

6 Q. Let's just go briefly, your
7 work history. You're currently at Teva
8 Sales and Marketing.

9 Did you work for any Teva
10 entity prior to that one?

11 A. Yes.

12 Q. And what were those
13 entities?

14 A. My first working
15 relationship with Teva was in a joint
16 venture partnership that was launched
17 between Teva and Marion Merrell Dow
18 called Teva Marion Partners, and I was
19 responsible for the marketing function in
20 that partnership.

21 I moved from that role to
22 Teva Marion Partners Canada and was the
23 general manager over that group. During
24 2001, Teva purchased the partnership and

1 it became wholly owned by Teva.

2 And I have worked for Teva
3 in various capacities since that point.

4 Q. Teva Sales and Marketing?

5 A. It was Teva Marion Partners.
6 When Teva bought the company, it became
7 Teva Neuroscience.

8 Q. When you say "Teva bought
9 the company," you mean Teva Limited?

10 A. I don't know who the buying
11 entity was there. It was a subsidiary
12 under Teva USA. And I worked in that
13 capacity in different roles since that
14 point in time.

15 I don't recall when Teva
16 Sales and Marketing came about as a legal
17 entity and when we were moved into that
18 legal entity.

19 Q. Okay. So it was not that
20 you moved entities, but the entity's name
21 was changed to Teva Sales and Marketing?

22 A. I don't know how -- I just
23 know the name on the checks where we got
24 paid changed.

1 Q. And the check would be from
2 Teva Sales and Marketing?

3 A. Yes.

4 Q. And how long have you been
5 working for Teva Sales and Marketing,
6 then?

7 A. A few years.

8 Q. And your only involvement
9 with opioids at any Teva entity was from
10 2015 to 2017, right?

11 A. Yes.

12 - - -

13 (Whereupon, Teva-Hassler
14 Exhibit-002, John Hassler
15 Deposition Preparation, was marked
16 for identification.)

17 - - -

18 MR. CRAWFORD: We premarked
19 Exhibit-2, which I believe is your
20 discussions you've had -- is this
21 the correct way to put it --

22 - - -

23 (Whereupon, a discussion off
24 the record occurred.)

1 - - -

2 BY MR. CRAWFORD:

3 Q. So we marked Exhibit-2,
4 which you provided to us.

5 And this is a list of the
6 people that you met with to prepare for
7 this deposition under the first heading,
8 right?

9 A. Yes.

10 Q. And then below that are the
11 outside lawyers you met with, meaning the
12 ones you mentioned, the dates and the
13 times you met, correct?

14 A. Yes.

15 Q. And did you have personal
16 meetings with all of the people under the
17 first line?

18 A. They were either in person
19 or via conference calls, video and
20 telephone.

21 Q. And approximately how much
22 time did you spend -- let me ask this:
23 Were counsel present during these
24 meetings or calls?

1 A. Counsel was present during
2 these calls, and then I have --

3 Q. "These" meaning?

4 A. The contacts with all of the
5 people that are listed under meetings
6 with Teva employees.

7 Q. Okay. And you say counsel
8 was present during each of those
9 meetings?

10 A. Yes. They were either in
11 the room or they were on the phone.

12 Q. And did they participate
13 verbally or just listen in?

14 A. It varied.

15 Q. All right. And were there
16 any meetings that you had just with those
17 employees or calls with no counsel
18 present?

19 A. Yes. There have been other
20 meetings with these folks, just as part
21 of our -- my routine business activities.

22 Q. I mean in preparation for
23 the deposition.

24 A. I can recall two phone calls

Page 29

1 that stemmed from one of the meetings
 2 with counsel where I had contacted Susan
 3 Larijani and Jim King, just for
 4 clarification of a question that I had
 5 related to the -- understanding the
 6 product labeling.
 7 Q. All right. And do you know
 8 approximately how many conversations you
 9 had with each person, kind of an average?
 10 A. It varied. Some people on
 11 the list I would have had three or four
 12 conversations with, and others I only had
 13 one.
 14 Q. And do you recall or can you
 15 give an estimate of how much time you
 16 spent having discussions with these
 17 people overall?
 18 A. I would say that there was
 19 probably a week's -- a business week's
 20 worth of discussions and interactions;
 21 approximately 40 hours.
 22 Q. And was that time that was
 23 spent preparing, as well, for the
 24 Oklahoma case that you were deposed in?

Page 30

1 A. No, I was --
 2 Q. Was there cross-over?
 3 A. I was trying to split that
 4 activity with this preparation.
 5 Q. And what was the Oklahoma
 6 testimony about? General topics of the
 7 30(b)(6).
 8 It was a 30(b)(6), correct?
 9 A. Yes, it was.
 10 Q. And what were the general
 11 topics?
 12 A. Sales and marketing
 13 practices of the company. That was the
 14 gist of the discussion.
 15 Q. With relation to opioids?
 16 A. Yes.
 17 Q. And what company was it --
 18 who were you representing or designated
 19 for, for that deposition?
 20 A. I'm sorry, I don't know the
 21 specific entity. I don't recall that.
 22 Q. Was it Teva Pharmaceuticals
 23 USA?
 24 A. I believe so.

Page 31

1 Q. How about Cephalon?
 2 A. And Cephalon, yes.
 3 Q. How about the Actavis
 4 generic entities that you're testifying
 5 for here today, any of those?
 6 A. I believe it was all of the
 7 Teva subsidiaries, Teva USA subsidiaries,
 8 and it included the generics as well.
 9 Q. The Actavis generic
 10 companies?
 11 A. I believe so. To the best
 12 of my recollection, yes.
 13 Q. Any other generic companies
 14 that you were designated to testify for
 15 in that deposition?
 16 A. Not that I recall.
 17 Q. And were you designated by
 18 Teva Pharmaceuticals Industries Limited
 19 to testify?
 20 A. Not that I'm aware.
 21 Q. And what were the claims
 22 being made, if you know, in the Oklahoma
 23 case?
 24 A. I believe they were false

Page 32

1 marketing practices and -- that were both
 2 branded and unbranded.
 3 Q. And was that brought by the
 4 Oklahoma attorney general?
 5 A. It was the state of
 6 Oklahoma.
 7 Q. State of Oklahoma.
 8 And was it pending in state
 9 court or federal court there?
 10 A. My understanding is it's
 11 state court.
 12 Q. And then did you review
 13 documents in preparation for this
 14 deposition?
 15 A. Many.
 16 Q. And do you have -- recall
 17 generally which ones you reviewed? Maybe
 18 kind of a laundry list that comes to
 19 mind.
 20 A. There were hundreds of
 21 documents. They focused on sales and
 22 marketing materials, training materials,
 23 suspicious order monitoring policies,
 24 compliance policies, sales and marketing

<p style="text-align: right;">Page 33</p> <p>1 policies. That's where the main focus</p> <p>2 was, was under those umbrella topics.</p> <p>3 Q. Let's go to Exhibit-1, which</p> <p>4 is premarked.</p> <p>5 - - -</p> <p>6 (Whereupon, Teva-Hassler</p> <p>7 Exhibit-001, Teva Defendants</p> <p>8 30(b)(6) Deposition; Topic,</p> <p>9 Objections, Notes, References, was</p> <p>10 marked for identification.)</p> <p>11 - - -</p> <p>12 MR. CRAWFORD: Does anyone</p> <p>13 have a clean copy of that?</p> <p>14 BY MR. CRAWFORD:</p> <p>15 Q. The first topic you're here</p> <p>16 to testify about is Topic 1, the</p> <p>17 organizational structure and changes</p> <p>18 related to the acquisitions and changes</p> <p>19 to your corporate organization, et</p> <p>20 cetera; is that right?</p> <p>21 A. Yes.</p> <p>22 Q. Let's put this on here.</p> <p>23 This was produced, again, at</p> <p>24 the deposition. And I don't know if --</p>	<p style="text-align: right;">Page 34</p> <p>1 MR. CRAWFORD: Can we zoom</p> <p>2 out a little bit?</p> <p>3 Actually, take a look at</p> <p>4 Exhibit-4. Let's see that.</p> <p>5 - - -</p> <p>6 (Whereupon, Teva-Hassler</p> <p>7 Exhibit-004, Appendix 1, was</p> <p>8 marked for identification.)</p> <p>9 - - -</p> <p>10 BY MR. CRAWFORD:</p> <p>11 Q. This was produced by you.</p> <p>12 This is the corporate</p> <p>13 structure of the Teva Pharmaceuticals</p> <p>14 Industries Limited umbrella, right?</p> <p>15 MS. HILLYER: Objection to</p> <p>16 form.</p> <p>17 You can answer.</p> <p>18 THE WITNESS: A component of</p> <p>19 that, yes.</p> <p>20 BY MR. CRAWFORD:</p> <p>21 Q. Correct. And this is the</p> <p>22 corporate family tree that drills down</p> <p>23 into the entities you're currently</p> <p>24 testifying on behalf of, correct?</p>
<p style="text-align: right;">Page 35</p> <p>1 MS. HILLYER: Objection to</p> <p>2 the characterization of the</p> <p>3 document.</p> <p>4 You can answer.</p> <p>5 THE WITNESS: Yes.</p> <p>6 BY MR. CRAWFORD:</p> <p>7 Q. And Cephalon, then, would be</p> <p>8 an indirect subsidiary of Teva</p> <p>9 Pharmaceuticals Industries Limited,</p> <p>10 correct?</p> <p>11 A. It's a -- yeah, it's a</p> <p>12 sister organization.</p> <p>13 Q. To --</p> <p>14 A. To Teva USA.</p> <p>15 Q. And Teva USA is an indirect</p> <p>16 subsidiary of Teva Pharmaceuticals</p> <p>17 Industries Limited as well, correct?</p> <p>18 A. Yes.</p> <p>19 Q. But they have no direct</p> <p>20 relationship; as you pointed out, they</p> <p>21 are sister companies, correct?</p> <p>22 A. From a legal entity</p> <p>23 structure standpoint, yes.</p> <p>24 Q. And then the Actavis</p>	<p style="text-align: right;">Page 36</p> <p>1 entities you are representing, or</p> <p>2 designated by, is Actavis Pharma, Inc.,</p> <p>3 Watson Laboratories, Inc. and Actavis</p> <p>4 LLC, right?</p> <p>5 A. Yes.</p> <p>6 Q. And they are, it looks like,</p> <p>7 indirect subsidiaries of Teva</p> <p>8 Pharmaceuticals USA, Inc., correct?</p> <p>9 A. Yes.</p> <p>10 Q. And Actavis Holding U.S.,</p> <p>11 Inc., is that company here in the United</p> <p>12 States?</p> <p>13 A. I don't know.</p> <p>14 Q. Teva Limited -- we'll</p> <p>15 shorthand Teva Pharmaceuticals Industries</p> <p>16 Limited to Teva Limited, is that okay?</p> <p>17 A. Yes.</p> <p>18 Q. So Teva Limited acquired</p> <p>19 Cephalon in 2011, correct?</p> <p>20 A. Yes.</p> <p>21 Q. And it acquired the</p> <p>22 Watson/Actavis entities you are</p> <p>23 designated by in 2016, correct?</p> <p>24 A. Correct.</p>

1 Q. And I think I'd like to go
2 to your chart right here and go down.
3 So it's written here that,
4 Teva defendants' reasonable investigation
5 to date, the following acquisitions
6 involved entities that manufactured,
7 marketed, sold, and distributed opioids
8 or opioid products.
9 You indicate -- or it's
10 indicated here that in 2006 Teva Limited
11 acquired Ivax Corporation.
12 Did Ivax manufacture any
13 opioid -- Class II opioid products?
14 A. I don't know the class, but
15 they had Guiatuss syrup at that time,
16 which was -- the sale was discontinued in
17 2007, and Tramadol/acetaminophen tablets,
18 which was discontinued in 2013.
19 Q. And did they sell or market
20 or distribute any other opioids?
21 A. Not that I'm aware of.
22 Q. And then in 2008, Teva
23 Limited acquired Barr Pharmaceuticals,
24 Inc. and you indicate -- or it's

1 A. They were allowed to sell a
2 generic Actiq.
3 Q. And what time period was
4 that did they sell it?
5 A. I believe beginning in 2007,
6 or the very end of '06.
7 Q. And how long did they sell
8 that product for?
9 A. I don't know.
10 MS. HILLYER: I'm just going
11 to put an objection that these are
12 going a little bit far afield of
13 the topic.
14 But he can answer to the
15 extent he knows.
16 MR. CRAWFORD: With the
17 objection, I think it's directly
18 asked for.
19 But I appreciate you'll
20 testify as to what you know.
21 THE WITNESS: I know that
22 they were allowed to launch Actiq
23 following the approval of Fentora.
24 I don't know whether they did or

1 indicated here Barr manufactured
2 acetaminophen with codeine, which is
3 still sold.
4 Did it manufacture any
5 opioid products?
6 A. The only scheduled product
7 that I was aware of was the acetaminophen
8 with codeine.
9 Q. And did it sell, distribute,
10 market, or promote any other opioid
11 products at any time, Barr
12 Pharmaceuticals, Inc.?
13 A. Not that I'm aware of.
14 Q. Did any Barr entity acquired
15 by Teva Limited manufacture, sell,
16 promote, or distribute any opioid
17 products at any time?
18 MS. HILLYER: Objection to
19 the form.
20 THE WITNESS: I don't know.
21 BY MR. CRAWFORD:
22 Q. How about generic Actiq; did
23 Barr or any Barr entity sell or promote
24 Actiq, generic Actiq?

1 not.
2 BY MR. CRAWFORD:
3 Q. And do you know who -- if
4 they did, do you know who manufactured
5 the product for them, if anybody?
6 MS. HILLYER: Same
7 objection.
8 THE WITNESS: No, I don't
9 know for sure.
10 BY MR. CRAWFORD:
11 Q. So your testimony is you're
12 not aware if they manufactured, sold,
13 promoted, or distributed Actiq at any
14 time?
15 A. I know that they had the
16 right to do so.
17 Q. But you don't know --
18 A. I've seen that. But I have
19 not seen any sales data. I don't know
20 whether they did so.
21 Q. And then it's indicated here
22 that in 2011 Teva acquired Cephalon. And
23 it states that Cephalon manufactured
24 Actiq and Fentora.

<p style="text-align: right;">Page 41</p> <p>1 And do they continue to do</p> <p>2 so today?</p> <p>3 MS. HILLYER: Objection to</p> <p>4 form.</p> <p>5 "They" who?</p> <p>6 MR. CRAWFORD: Cephalon.</p> <p>7 Sorry.</p> <p>8 THE WITNESS: I believe so,</p> <p>9 yes.</p> <p>10 BY MR. CRAWFORD:</p> <p>11 Q. And do they market, sell, or</p> <p>12 distribute Actiq or Fentora?</p> <p>13 MS. HILLYER: Objection to</p> <p>14 form.</p> <p>15 MR. CRAWFORD: That's</p> <p>16 Cephalon.</p> <p>17 THE WITNESS: No. The</p> <p>18 product is sold and distributed by</p> <p>19 Teva USA.</p> <p>20 BY MR. CRAWFORD:</p> <p>21 Q. And who distributes the</p> <p>22 product?</p> <p>23 A. Teva USA.</p> <p>24 Q. And who markets the product?</p>	<p style="text-align: right;">Page 42</p> <p>1 MS. HILLYER: Objection to</p> <p>2 form. Assumes facts not in</p> <p>3 evidence.</p> <p>4 BY MR. CRAWFORD:</p> <p>5 Q. Who markets Fentora?</p> <p>6 A. They are not -- they're not</p> <p>7 promoted any longer.</p> <p>8 Q. Fentora is no longer</p> <p>9 promoted?</p> <p>10 A. No.</p> <p>11 Q. So -- but it's sold and</p> <p>12 manufactured and distributed, Fentora,</p> <p>13 correct?</p> <p>14 A. Yes. It's manufactured by</p> <p>15 Cephalon and sold and distributed by Teva</p> <p>16 USA.</p> <p>17 Q. And did Teva USA, at any</p> <p>18 time, manufacture Fentora?</p> <p>19 I'm sorry, did they, at any</p> <p>20 time, market or promote Fentora?</p> <p>21 A. After the acquisition of</p> <p>22 Cephalon, Teva CNS had a pain care group.</p> <p>23 Fentora was part of that pain care group,</p> <p>24 and it did promote Fentora as part of</p>
<p style="text-align: right;">Page 43</p> <p>1 their sales effort.</p> <p>2 Q. Is Teva CNS a separate Teva</p> <p>3 company --</p> <p>4 A. No.</p> <p>5 Q. -- from Teva USA?</p> <p>6 A. Not that I'm aware of. It's</p> <p>7 a managerial structure.</p> <p>8 Q. A division within Teva USA?</p> <p>9 A. I'm not sure of how the</p> <p>10 employees relate to the specific legal</p> <p>11 entity structure.</p> <p>12 The operation of the</p> <p>13 business was to have all of the CNS</p> <p>14 products, which included a pain</p> <p>15 portfolio, under a CNS business unit.</p> <p>16 But they may have had</p> <p>17 employees that would have actually been</p> <p>18 employed by different legal entities.</p> <p>19 I'm not sure.</p> <p>20 Q. Okay. I think that's one of</p> <p>21 the other topics. We'll get into that.</p> <p>22 So when did -- whatever Teva</p> <p>23 entity was marketing and promoting</p> <p>24 Fentora, when did they stop doing that?</p>	<p style="text-align: right;">Page 44</p> <p>1 A. The end of 2015.</p> <p>2 Q. And is there a reason why</p> <p>3 they stopped?</p> <p>4 A. We had other products that</p> <p>5 we were preparing to launch and needed to</p> <p>6 apply our sales resources there.</p> <p>7 Q. And what were those</p> <p>8 products?</p> <p>9 A. Just after that, Ajovy --</p> <p>10 I'm sorry, Austedo, which is a product</p> <p>11 for Huntington's disease and tardive</p> <p>12 dyskinesia, those products were coming to</p> <p>13 market.</p> <p>14 I'm trying to remember,</p> <p>15 around that same time period we also had</p> <p>16 a product called Zecuity, but that may</p> <p>17 have been pulled off the market by that</p> <p>18 point. I don't remember the specific</p> <p>19 dates.</p> <p>20 Q. Does any -- does Teva USA --</p> <p>21 and when I say "Teva USA," I mean Teva</p> <p>22 Pharmaceuticals USA, Inc.; is that how</p> <p>23 you understand it?</p> <p>24 A. Yes.</p>

1 Q. Does Teva USA or any
2 Teva/Cephalon/Actavis entity owned under
3 the Teva Limited umbrella, manufacture,
4 market, sell, or promote any other opioid
5 product besides -- branded opioid product
6 besides Actiq or Fentora?
7 MS. HILLYER: Objection to
8 form.
9 But you can answer.
10 THE WITNESS: I'm trying to
11 remember all of the --
12 BY MR. CRAWFORD:
13 Q. Right. Does any Teva entity
14 that you're testifying for, or anyone
15 that you know of under the Teva umbrella,
16 manufacture, market, sell, or distribute
17 any branded opioid product besides Actiq
18 or Fentora?
19 A. Teva manufacturers a branded
20 product for Allergan.
21 Q. Is that Kadian?
22 A. Yes.
23 Q. Are there any other opioid
24 products that they manufacture or sell?

1 BY MR. CRAWFORD:
2 Q. Is that a branded name,
3 Suboxone?
4 A. Yes, that's the branded
5 name. But they only sold the generic.
6 Q. And does Teva, any of the
7 entities you're testifying for, sell a
8 generic opioid Class II product?
9 A. Yes.
10 Q. And let's start with Teva
11 USA, do they sell, market, or -- let's
12 just put sell -- do they sell any opioid
13 products?
14 A. Yes.
15 Q. And what are those?
16 A. There are several.
17 MS. HILLYER: Objection to
18 form.
19 BY MR. CRAWFORD:
20 Q. Can you name them?
21 MS. HILLYER: Objection to
22 form.
23 THE WITNESS: Not all of
24 them.

1 MS. HILLYER: Branded, you
2 mean?
3 MR. CRAWFORD: Branded, yes.
4 THE WITNESS: I don't
5 believe so.
6 BY MR. CRAWFORD:
7 Q. How about any branded opioid
8 treatments?
9 MS. HILLYER: Objection to
10 form.
11 BY MR. CRAWFORD:
12 Q. Anything to treat --
13 A. How is that different --
14 Q. Anything to treat opioid
15 addiction. I'm sorry.
16 MS. HILLYER: Objection to
17 form. Vague.
18 You can answer if you
19 understand.
20 THE WITNESS: I believe that
21 Suboxone is a product that's used
22 to treat addiction. And I believe
23 that we sell -- we have sold that,
24 or Teva has sold that.

1 BY MR. CRAWFORD:
2 Q. How about some of them?
3 A. Hydrocodone with
4 acetaminophen, or APAP. Oxycodone. I
5 believe -- I believe oxymorphone. I
6 believe morphine sulfate.
7 I've looked at a list, and
8 that's what I recall from the list.
9 Q. Thank you.
10 And did they sell any prior
11 to the acquisition of Cephalon in 2011?
12 A. Yes.
13 Q. And what were those?
14 MS. HILLYER: Objection to
15 form.
16 THE WITNESS: We know the
17 ones that were listed here as part
18 of the Ivax purchase, that they
19 were -- sold Guaiatuss syrup until
20 '07 and Tramadol/acetaminophen
21 until '13.
22 They also sold oxycodone
23 that was not part of the Actavis
24 purchase.

1 BY MR. CRAWFORD:

2 Q. Do you recall when you
3 started -- Teva USA started selling that
4 product, the oxycodone?

5 A. No. But I know there was an
6 agreement that's been produced that would
7 have that date. I don't remember, top of
8 mind.

9 Q. And who is the agreement
10 with?

11 A. Purdue.

12 Q. Any other Class II generic
13 opioids that you recall Teva USA selling
14 prior to 2011?

15 MS. HILLYER: Same
16 objection.

17 THE WITNESS: No specific
18 products come to mind.

19 BY MR. CRAWFORD:

20 Q. Cephalon, let's move on to
21 them.

22 They are -- you state that
23 they manufacture Fentora and Actiq,
24 right?

1 A. Yes.

2 Q. And that Teva USA had
3 marketed and sold and distributed the
4 drugs, right, at some point?

5 A. Teva USA was a distributor
6 for those drugs.

7 Q. And how did it come about
8 that Teva and Cephalon got together --
9 that started in 2011, right?

10 MS. HILLYER: Objection to
11 form. What? Can you rephrase
12 that?

13 BY MR. CRAWFORD:

14 Q. Right. After the
15 acquisition of Cephalon, Cephalon and
16 Teva USA entered into some kind of
17 relationship whereby Teva USA started
18 selling, marketing and distributing
19 Fentora and Actiq, right? Or let's just
20 say Fentora.

21 A. I don't know if they -- I
22 don't know the legal entity structure
23 under which the people who marketed
24 Fentora at that time reported. They may

1 have still been Cephalon employees. I
2 don't know that.

3 But when Teva purchased
4 Cephalon, all of Cephalon products were
5 integrated underneath Teva USA as the
6 distributor for those products. So Teva
7 would distribute and book the sales of
8 those products.

9 Q. And who made the decision to
10 integrate that?

11 MS. HILLYER: Objection to
12 form.

13 BY MR. CRAWFORD:

14 Q. What company?

15 MS. HILLYER: Same
16 objection.

17 THE WITNESS: I'm not sure
18 who actually made the decision.
19 That was a common practice that I
20 had seen from the Ivax and the
21 Barr acquisitions, that they would
22 be brought in underneath Teva USA
23 and they would consolidate systems
24 and processes and become the

1 distributor and the entity that
2 booked the sales for those
3 products.

4 BY MR. CRAWFORD:

5 Q. And was any of the planning
6 for doing that done by Teva Limited?

7 MS. HILLYER: Objection to
8 form.

9 You can answer.

10 BY MR. CRAWFORD:

11 Q. Any employees at Teva
12 Limited?

13 A. No, not that I recall. I
14 was on the integration team that worked
15 with Cephalon to bring the branded
16 products over. And I don't recall anyone
17 from Teva Limited on those integration
18 teams.

19 Q. Who made the decision to
20 integrate the two companies' operations?

21 MS. HILLYER: Objection to
22 form.

23 BY MR. CRAWFORD:

24 Q. Do you recall any of the

1 people who made that decision?
 2 A. I don't. I don't know
 3 specifically. I wasn't exposed to who
 4 was making that decision. That was just
 5 the pattern that I had seen with the
 6 other acquisitions that Teva had made in
 7 the U.S.

8 Q. Who was on the team that
 9 integrated the two companies?

10 A. There was -- there were
 11 probably 100 people in different facets
 12 of the company.

13 The team that I was -- that
 14 I participated on, John Condlenton, Bill
 15 Campbell, myself, Mike Dirks, we were
 16 working on the integration of the sales
 17 and marketing effort for the branded CNS
 18 products that Cephalon had.

19 Q. And that included Fentora?

20 A. Yes.

21 Q. Do you know what companies
 22 were involved, that people worked for, in
 23 the integration of the Teva companies?

24 A. Within that group, it would

1 have been Cephalon for Mike and Bill, and
 2 it would have either been Teva
 3 Neuroscience, which would have been a
 4 subsidiary of Teva USA, or it would have
 5 been Teva Sales and Marketing.

6 I don't remember when that
 7 changed. But in either case they would
 8 have been subsidiaries of Teva USA for
 9 Condlenton and myself.

10 Q. And you don't know, as you
 11 sit here today, whether any employees of
 12 Teva Limited were involved in the
 13 transition or integration teams?

14 MS. HILLYER: Objection.

15 Mischaracterizes his testimony.

16 BY MR. CRAWFORD:

17 Q. Do you know?

18 A. I wasn't exposed to any Teva
 19 Limited people being engaged in that
 20 integration effort.

21 Q. Do you know for sure if any
 22 were engaged?

23 A. I don't know.

24 Q. Can you testify if any Teva

1 Limited people were engaged?

2 I know you say you don't
 3 know of any, but can you say absolutely
 4 that none were involved?

5 A. No. I can only say that I'm
 6 not aware of any involvement. I would
 7 not have been exposed to all of the
 8 teams.

9 Q. Okay. Thank you.

10 Who was in charge of the
 11 overall integration of the two companies,
 12 Teva USA and Cephalon, their operations?

13 A. We had a number of mergers.
 14 To the best of my recollection, I think
 15 that Marty Barron was involved in leading
 16 the integration effort.

17 Q. And do you know who was
 18 involved in any due diligence, or,
 19 actually, who was leading the due
 20 diligence effort prior to the purchase?

21 A. No, I don't.

22 Q. And after the acquisition,
 23 did Teva or any Teva entity actively sell
 24 or distribute Actiq?

1 MS. HILLYER: Sorry?

2 BY MR. CRAWFORD:

3 Q. After the purchase, did Teva
 4 actively sell or distribute Actiq,
 5 branded Actiq?

6 A. Teva -- yes. Teva USA
 7 continues to sell -- continues to sell
 8 and distribute Actiq.

9 Q. To this day?

10 A. Yes.

11 Q. Let's just go to the Actavis
 12 generic entities.

13 They were purchased in 2016,
 14 right?

15 A. Yes.

16 Q. Were you involved in the
 17 integration of their operations with
 18 Teva?

19 A. No.

20 Q. And who would have been in
 21 charge of the integration?

22 A. I don't know specifically.

23 Q. After the integration, what
 24 Teva entities manufactured the Actavis

<p style="text-align: right;">Page 57</p> <p>1 opioid products?</p> <p>2 A. What Teva entities? Just</p> <p>3 for the generic products, since we've</p> <p>4 already covered the Cephalon?</p> <p>5 Q. Yes, yes.</p> <p>6 A. I know that Actavis LLC had</p> <p>7 several plants that produced opioids at</p> <p>8 each of those plants. I don't know</p> <p>9 whether they continued to do so after the</p> <p>10 acquisition.</p> <p>11 I can't answer who actually</p> <p>12 manufactured -- which legal entity</p> <p>13 manufactures the opioid product.</p> <p>14 Q. Okay. Do you know what</p> <p>15 entity now markets the Actavis generic</p> <p>16 opioid products?</p> <p>17 MS. HILLYER: Objection to</p> <p>18 form.</p> <p>19 THE WITNESS: All of the</p> <p>20 generic products are integrated</p> <p>21 underneath Teva USA, and there is</p> <p>22 an operations group that manages</p> <p>23 all of the product announcements,</p> <p>24 pricing, customer service</p>	<p style="text-align: right;">Page 58</p> <p>1 interaction and sales activity for</p> <p>2 those generics.</p> <p>3 BY MR. CRAWFORD:</p> <p>4 Q. And also the distribution</p> <p>5 activities?</p> <p>6 A. Yes.</p> <p>7 Q. So it comes under Teva USA,</p> <p>8 then?</p> <p>9 A. Yes.</p> <p>10 MR. CRAWFORD: Can we take a</p> <p>11 quick break? Just, like, two</p> <p>12 minutes.</p> <p>13 MS. HILLYER: Okay.</p> <p>14 VIDEO TECHNICIAN: Going off</p> <p>15 record. 11:35.</p> <p>16 - - -</p> <p>17 (Whereupon, a brief recess</p> <p>18 was taken.)</p> <p>19 - - -</p> <p>20 VIDEO TECHNICIAN: Back on</p> <p>21 record at 11:42 a.m.</p> <p>22 BY MR. CRAWFORD:</p> <p>23 Q. One of the documents you</p> <p>24 provided today, your counsel did, was</p>
<p style="text-align: right;">Page 59</p> <p>1 Exhibit-5, which is a series of</p> <p>2 organizational charts.</p> <p>3 - - -</p> <p>4 (Whereupon, Teva-Hassler</p> <p>5 Exhibit-005,</p> <p>6 ALLERGAN_MDL_02186860-869, was</p> <p>7 marked for identification.)</p> <p>8 - - -</p> <p>9 BY MR. CRAWFORD:</p> <p>10 Q. Can you briefly explain to</p> <p>11 me what these are?</p> <p>12 A. The first one is the U.S.</p> <p>13 commercial organization structure for the</p> <p>14 senior management group under Teva USA</p> <p>15 North America generics.</p> <p>16 Q. And what time period?</p> <p>17 A. This would have been just</p> <p>18 after the merger of the two companies.</p> <p>19 Q. So you mean the Actavis</p> <p>20 generic companies and Teva?</p> <p>21 A. This would have been after</p> <p>22 Teva's purchase and the management</p> <p>23 integration into Teva USA.</p> <p>24 Q. Was there a management</p>	<p style="text-align: right;">Page 60</p> <p>1 integration between Teva USA and the</p> <p>2 Actavis generics that were acquired,</p> <p>3 those two entities -- or those entities,</p> <p>4 right?</p> <p>5 MS. HILLYER: Objection to</p> <p>6 form.</p> <p>7 THE WITNESS: I don't</p> <p>8 understand the question.</p> <p>9 BY MR. CRAWFORD:</p> <p>10 Q. So there was an integration</p> <p>11 of management after the 2016 acquisition.</p> <p>12 And the companies'</p> <p>13 management that were integrated were the</p> <p>14 Actavis entities' management with the</p> <p>15 Teva USA entity's management, correct?</p> <p>16 MS. HILLYER: Same</p> <p>17 objection.</p> <p>18 THE WITNESS: That's my</p> <p>19 understanding.</p> <p>20 BY MR. CRAWFORD:</p> <p>21 Q. Okay. And then what is the</p> <p>22 rest of this? Just kind of generally,</p> <p>23 what is it?</p> <p>24 A. It drills down into other</p>

Page 61

1 sections of the generics business
 2 operation within the U.S.
 3 Q. For what time period?
 4 A. I believe it would have been
 5 following the acquisition of the Actavis
 6 entities. And then -- I don't know how
 7 long it would have been.
 8 Q. Is this the current
 9 organization, within the company, of the
 10 generic business?
 11 A. No.
 12 Q. And at some point -- prior
 13 to the acquisition, the generic business
 14 was separate from the brand business at
 15 Teva, correct?
 16 A. Yes.
 17 Q. And at some point they've
 18 merged the two, correct?
 19 MS. HILLYER: Objection to
 20 form.
 21 BY MR. CRAWFORD:
 22 Q. The brand and generic groups
 23 or divisions, right?
 24 MS. HILLYER: Objection to

Page 63

1 been the president for the
 2 generics company.
 3 BY MR. CRAWFORD:
 4 Q. And he came over from
 5 Actavis, Mr. Boyer, right?
 6 A. I believe so.
 7 Q. And who was head of that
 8 generics structure prior to the
 9 acquisition of Actavis, for Teva?
 10 MS. HILLYER: Objection to
 11 form.
 12 THE WITNESS: Sorry, I'm
 13 just trying to remember.
 14 BY MR. CRAWFORD:
 15 Q. That's okay. Let's move on.
 16 Were any Actavis entities
 17 acquired by Teva, other than the three
 18 you're testifying for, as part of the
 19 2016 acquisition?
 20 A. I believe so, yes.
 21 Q. And what entities were
 22 those?
 23 MS. HILLYER: Objection to
 24 the form.

Page 62

1 form.
 2 THE WITNESS: The management
 3 structure in -- at the beginning
 4 of -- or at the end of 2017, early
 5 2018, was integrated underneath
 6 Brendan O'Grady as the executive
 7 vice president for the generics
 8 and branded businesses.
 9 BY MR. CRAWFORD:
 10 Q. So previous they were
 11 separate, right?
 12 A. Yes.
 13 Q. And who was over each one
 14 right before the merger of the two?
 15 MS. HILLYER: Objection to
 16 the form.
 17 You can answer.
 18 THE WITNESS: Larry Downey
 19 was the most senior manager for
 20 Teva's U.S. -- actually, Teva's
 21 North American specialty medicine
 22 business, so all of the branded
 23 products within Teva.
 24 And Andy Boyer would have

Page 64

1 THE WITNESS: I don't know.
 2 BY MR. CRAWFORD:
 3 Q. And just very quickly, what
 4 is your e-mail address?
 5 A. John.hassler@Tevapharm.com.
 6 Q. Is that --
 7 A. P-H-A-R-M.
 8 Q. Right. Let's go to Topic 3,
 9 which is board of directors.
 10 And if you'll turn to Page 2
 11 of the chart, I believe we have an
 12 exhibit on that as well.
 13 - - -
 14 (Whereupon, Teva-Hassler
 15 Exhibit-006, Appendix 2 - Topic 3
 16 - Boards of Directors, was marked
 17 for identification.)
 18 - - -
 19 BY MR. CRAWFORD:
 20 Q. You provided here a list of
 21 board of directors in response to this
 22 question, correct?
 23 A. That's correct.
 24 MS. HILLYER: Objection to

1 form.
 2 Go ahead.
 3 BY MR. CRAWFORD:
 4 Q. Or your counsel did, rather.
 5 So the current board members
 6 of Teva USA are Deborah Griffin, Asaph
 7 Naaman and Brendan O'Grady, correct?
 8 A. Yes.
 9 Q. And what are their positions
 10 within the company, as far as are they
 11 officers of the company as well?
 12 A. Brendan is the senior -- the
 13 executive vice president for North
 14 American commercial.
 15 Q. And who does he work for?
 16 A. He reports in to Kåre
 17 Schultz, the CEO of Teva.
 18 Q. And who is Mr. O'Grady's
 19 employer?
 20 A. He is employed by Teva Sales
 21 and Marketing.
 22 Q. And Mr. Schultz is CEO of
 23 Teva Limited, correct?
 24 A. That's correct.

1 BY MR. CRAWFORD:
 2 Q. And she's -- what's her
 3 position?
 4 A. She's a finance person.
 5 Q. Okay. And then the question
 6 to the other entities, does Cephalon have
 7 any current board of directors?
 8 A. The Cephalon board has the
 9 same membership as the Teva USA board.
 10 Q. But they are not listed as
 11 directors here on your chart. Oh, that's
 12 pre-2011.
 13 So you're saying that
 14 basically that the Teva USA board of
 15 directors is the same as the Cephalon
 16 board of directors after 2011?
 17 A. They have the same
 18 membership, yes.
 19 Q. Turning to the second page,
 20 these are the Actavis-acquired entities.
 21 Who are the current board
 22 members for Watson Laboratories, Inc.?
 23 Is it Ms. Griffin, Mr. Shanahan and Mr.
 24 Vella?

1 Q. And how about Asaph Naaman,
 2 who does he work for?
 3 A. I believe Asaph reports in
 4 to Brendan.
 5 Q. And is he a Teva Sales and
 6 Marketing employee?
 7 A. I don't know who employs
 8 him.
 9 Q. How about Deborah Griffin,
 10 who does she report to?
 11 A. She is in finance, and I
 12 don't know who she reports to.
 13 Q. Do you know who she works
 14 for?
 15 MS. HILLYER: I'm objecting
 16 to these questions to the extent
 17 they're outside of the scope. You
 18 have the identity of them.
 19 MR. CRAWFORD: I'm just
 20 trying to find out who their
 21 employer is, if he knows.
 22 THE WITNESS: I believe her
 23 employer is Teva USA. I don't
 24 know who she reports to.

1 A. That's my understanding,
 2 yes.
 3 Q. Because it says 2018, and
 4 one of them says to present.
 5 Does that mean -- the ones
 6 in 2018, are they still presently board
 7 members?
 8 A. That's my understanding.
 9 Q. And who is Mr. Shanahan's
 10 employer?
 11 MS. HILLYER: Same
 12 objections.
 13 You can answer if you know.
 14 THE WITNESS: I'm not sure.
 15 BY MR. CRAWFORD:
 16 Q. And Mr. Vella?
 17 A. I don't know.
 18 Q. And for Actavis LLC, there
 19 are no current board members.
 20 Wait. Do they currently
 21 have a board?
 22 A. Not that I'm aware of.
 23 Q. And how about Watson Pharma,
 24 Inc., do they currently have a board?

Page 69

1 A. Not that I'm aware of.
 2 Q. And Actavis Pharma Inc.,
 3 their board members currently are Ms.
 4 Griffin, Mr. Shanahan and Mr. O'Grady,
 5 correct?
 6 A. Yes.
 7 Q. Are there minutes kept --
 8 are there regularly scheduled board
 9 meetings for all of these boards that are
 10 currently active?
 11 MS. HILLYER: Objection.
 12 Outside the scope.
 13 You can answer if you know.
 14 THE WITNESS: I don't know.
 15 BY MR. CRAWFORD:
 16 Q. Do you know if there are
 17 minutes kept for these boards' meetings?
 18 MS. HILLYER: Same
 19 objection.
 20 THE WITNESS: I know that
 21 there are board minutes kept. I
 22 don't know for which entities.
 23 BY MR. CRAWFORD:
 24 Q. And are there any

Page 70

1 committees, task forces, working groups
 2 regarding opioids for any of these
 3 boards?
 4 A. No. We haven't come across
 5 any.
 6 Q. How about any with regard to
 7 the opioid litigation?
 8 A. Not that I'm aware of.
 9 Q. Are there any reports that
 10 have been provided to these board members
 11 on opioids, like white papers, or on DEA
 12 activities or on the lawsuits or
 13 marketing in general?
 14 MS. HILLYER: Objection.
 15 Beyond the scope.
 16 You can answer if you know.
 17 THE WITNESS: None that I've
 18 seen.
 19 BY MR. CRAWFORD:
 20 Q. Let's go to Topic 4.
 21 If you need to refresh your
 22 recollection on the subject of the topic,
 23 Exhibit-11, if you could take a look at
 24 that at Page 6, that's where we're at

Page 71

1 right now.
 2 MS. HILLYER: Exhibit-1 has
 3 all the topics on it.
 4 MR. CRAWFORD: Exhibit-11.
 5 MS. HILLYER: You want to go
 6 to 11?
 7 MR. CRAWFORD: Yeah.
 8 MS. HILLYER: That's the --
 9 sorry, which one is that, Mark?
 10 MR. CRAWFORD: That's the
 11 notice of deposition, sorry.
 12 Actually, we should go to
 13 Topic 5, rather. Let's turn the
 14 page.
 15 BY MR. CRAWFORD:
 16 Q. Topic 5 concerns your
 17 policies and procedures for sales,
 18 marketing, regulatory, pharmacovigilance
 19 and drug safety, compliance regarding
 20 sales and marketing and distribution of
 21 opioids.
 22 MS. HILLYER: Hold on one
 23 second. I don't think you were
 24 just -- no, no, no.

Page 72

1 Were you just reading 5?
 2 That's not what I have.
 3 MR. CRAWFORD: Yeah. I kind
 4 of was summarizing it.
 5 MS. HILLYER: Okay.
 6 BY MR. CRAWFORD:
 7 Q. But you've looked at these
 8 topics and you're familiar with them,
 9 right?
 10 A. Yes.
 11 Q. So for Topic 5, I think
 12 you've given us an exhibit, 7, which is a
 13 listing of various policies and
 14 procedures.
 15 - - -
 16 (Whereupon, Teva-Hassler
 17 Exhibit-007, Appendix 3 - Topic 5
 18 - Identification of SOM
 19 Policies, was marked for
 20 identification.) Was marked for
 21 identification.)
 22 - - -
 23 BY MR. CRAWFORD:
 24 Q. Is that correct?

1 Are these policies and
2 procedures in each of the areas listed in
3 Topic 5?

4 MS. HILLYER: Can you repeat
5 that question, Mark? He's just
6 getting the exhibit.

7 MR. CRAWFORD: Right. I'm
8 sorry.

9 BY MR. CRAWFORD:

10 Q. So Exhibit-5 -- I'm sorry,
11 Exhibit-7, is this generally a listing of
12 the policies and procedures in the topic
13 areas that are listed in Topic 5?

14 A. This would represent the
15 policies, yes.

16 Q. Let's read this one into the
17 record. This one is, Identification of
18 your policies and procedures for and the
19 identities of all persons responsible for
20 monitoring suspicious orders or potential
21 diversion of opioids or opioid products
22 or for auditing or investigating
23 suspicious orders or potential diversion
24 of opioids or opioid products and, A,

1 identification of your systems or
2 processes to disclose suspicious orders
3 of opioids or report potential diversion
4 of opioids or opioid products and, B,
5 identification of your systems or
6 processes to report or halt sales to
7 those involved in any suspicious orders
8 of opioids or opioid products or
9 potential diversion of opioids or opioid
10 products.

11 This topic also seeks
12 information regarding any and all third
13 parties or vendors, including UPS, or any
14 other third party who performed these
15 functions on your behalf, as well as all
16 persons who interacted with UPS or any
17 other third party or vendor.

18 For each person identified,
19 please provide whether the person's
20 compensation was based, in whole or in
21 part, on levels of sales of controlled
22 substances or opioid products.

23 So are these, in
24 Exhibit-3 -- or Exhibit-7, Appendix 3,

1 are these all the policies and procedures
2 that were in place with regard to
3 suspicious order monitoring that you
4 found?

5 MS. HILLYER: Objection to
6 form.

7 THE WITNESS: I don't know
8 whether these are all of the
9 policies, but these represent the
10 policies that I've reviewed
11 related to suspicious order
12 monitoring.

13 BY MR. CRAWFORD:

14 Q. Okay. And the first one,
15 Cephalon, you have one listed for 2009.

16 Were there any other
17 policies that you were able to locate or
18 identify for Cephalon regarding
19 suspicious order monitoring?

20 A. Not that I recall.

21 Q. And you next list -- or next
22 listed here, one, two, three, four
23 categories of policies for Teva, right?

24 A. Yes.

1 Q. And the earliest one is
2 under customer site visits, August 1st,
3 2014. And then below that, DEA order
4 hold, the same date. And below that, Do
5 not ship list, the same date.

6 Are there any other policies
7 or procedures regarding suspicious order
8 monitoring that Teva had prior to August
9 1st, 2014?

10 MS. HILLYER: Objection to
11 form.

12 THE WITNESS: I don't recall
13 any policies that I've reviewed.
14 I have talked with people in our
15 suspicious order monitoring
16 program that have described
17 policies that existed back as far
18 as 2008.

19 BY MR. CRAWFORD:

20 Q. Were those written policies?

21 A. I don't know.

22 Q. And who did you speak with
23 about that?

24 A. Joe Tomkiewicz.

1 Q. Anyone else?
 2 A. Not for Teva.
 3 Q. Were -- the Cephalon
 4 policies, did they remain in place after
 5 the 2011 acquisition?
 6 A. Not that I'm aware of.
 7 There would have been a time period
 8 during the integration to manage the
 9 transition. But I believe that they've
 10 all been transitioned over to Teva USA.
 11 Q. Are you aware of any
 12 suspicious order monitoring policies or
 13 procedures that were in place between
 14 2011 and August 1st, 2014, listed here?
 15 MS. HILLYER: Objection.
 16 Asked and answered.
 17 THE WITNESS: There were
 18 policies, and Joe had described
 19 practices to me. But I have -- I
 20 don't recall reading them.
 21 BY MR. CRAWFORD:
 22 Q. Do you know if there were
 23 any written policies in place during that
 24 time period?

1 knowledgeable about Teva's suspicious
 2 order monitoring system prior to 2011?
 3 A. I would speak with Joe to
 4 find out who those people would have
 5 been.
 6 Q. And is that Mr. Tomkiewicz?
 7 A. Yes.
 8 Q. And when did he join the
 9 company?
 10 A. I believe in 2015.
 11 Q. So he wouldn't have actually
 12 been there at Teva at the time these
 13 policies were in place?
 14 A. No. But he would have
 15 interacted with those who may have been.
 16 Q. And who was that?
 17 A. I don't know.
 18 Q. So Mr. Tomkiewicz would be
 19 most knowledgeable about, A, the
 20 identification of your systems or
 21 processes to disclose suspicious orders
 22 of opioids or report potential diversion
 23 of opioid products, right?
 24 MS. HILLYER: Objection to

1 MS. HILLYER: Same
 2 objection.
 3 THE WITNESS: I believe so,
 4 but I don't -- I don't know.
 5 BY MR. CRAWFORD:
 6 Q. And do you know if there
 7 were any written policies and procedures
 8 in place regarding suspicious order
 9 monitoring for Teva, any Teva entity,
 10 prior to the Cephalon acquisition?
 11 MS. HILLYER: Same
 12 objection.
 13 THE WITNESS: Yes, there
 14 would have been Teva policies
 15 related to the suspicious order
 16 monitoring program that Teva had
 17 dating back at least to 2008.
 18 BY MR. CRAWFORD:
 19 Q. And were they written
 20 policies and procedures?
 21 A. I believe so, but -- I
 22 believe so, but I can't point -- point to
 23 one.
 24 Q. Okay. Who would be most

1 form. Mr. Hassler is designated
 2 to testify on those topics as the
 3 person most knowledgeable for the
 4 company.
 5 BY MR. CRAWFORD:
 6 Q. Okay. What were the
 7 systems, then?
 8 MS. HILLYER: Can you be
 9 more specific?
 10 MR. CRAWFORD: Prior to
 11 2011? I'm sorry.
 12 THE WITNESS: There was a
 13 system called SORDS, which was an
 14 order pending system, that
 15 identified any orders that
 16 exceeded certain quantity
 17 thresholds that would cause the
 18 order to be pended and reviewed by
 19 the SOM group.
 20 That automated system was
 21 updated in 2012 to the SORDS 2
 22 system. And it was once again
 23 updated in 2015 to the DEF OPS
 24 system.

1 All of them were order
 2 pending systems that evaluated
 3 orders that came in. And if
 4 anything was of an unusual volume,
 5 timing, or it was -- it was
 6 unusual timing, volume or the
 7 nature of the order was odd, they
 8 would get pended in that system.
 9 They would be reviewed,
 10 then, by the DEA monitoring group
 11 within Teva, Joe Tomkiewicz and
 12 Sara Everingham.
 13 BY MR. CRAWFORD:
 14 Q. This is pre-2011, though?
 15 A. I'm sorry, I don't know the
 16 individuals there.
 17 Q. So it would be reported to
 18 some individual, but you don't know who
 19 they are.
 20 And then what would happen?
 21 A. When the order was pended?
 22 Q. Yes.
 23 A. They would review the order
 24 to try to identify why it differed from

1 an expected size, frequency or volume.
 2 And in some cases, they
 3 would go back to the customer to
 4 understand why the order differed from
 5 the normal variation that they would have
 6 expected.
 7 And then the suspicious
 8 order monitoring group could release the
 9 order, or, if it was deemed a suspicious
 10 order, continue to hold that order and,
 11 through consultation with a team, if the
 12 order was deemed suspicious, notify the
 13 DEA.
 14 Q. What department would
 15 contact the customer under the system
 16 pre-2011?
 17 A. To the best of my knowledge,
 18 within Teva, it would have -- I believe
 19 it was customer service.
 20 Q. And then they would report
 21 back to the DEA compliance group at Teva
 22 pre-2011?
 23 A. The information that they
 24 had received.

1 Q. And let me ask you this: On
 2 this Exhibit-1 chart here, we're looking
 3 at these employees, these are the
 4 employees that were involved in the
 5 suspicious order monitoring systems at
 6 these entities; is that your
 7 understanding?
 8 A. It is.
 9 Q. And, overall, this document
 10 that you prepared, you believe -- or
 11 you're testifying that all of this
 12 information is accurate, correct?
 13 A. To the best of my knowledge,
 14 yes.
 15 Q. All right. So what was the
 16 system to halt the sales of any
 17 suspicious orders at that time?
 18 A. It was called SORD.
 19 Q. To stop it, though.
 20 Did you have processes, once
 21 it was identified, to stop the order?
 22 MS. HILLYER: Objection.
 23 Asked and answered.
 24 You can answer it again.

1 THE WITNESS: The order --
 2 if the order varied from the
 3 tolerances that were in that
 4 system, the order would have been
 5 pended and would not have shipped
 6 without going in and releasing it.
 7 BY MR. CRAWFORD:
 8 Q. Are you aware of any
 9 suspicious order that was stopped prior
 10 to 2011, through this system?
 11 MS. HILLYER: Objection.
 12 Beyond the scope.
 13 You can answer if you know.
 14 Prior to 2011 in Teva?
 15 MR. CRAWFORD: Yes.
 16 MS. HILLYER: Same
 17 objection. Beyond the scope.
 18 THE WITNESS: No, I'm not
 19 aware.
 20 BY MR. CRAWFORD:
 21 Q. So does that mean no
 22 suspicious orders were stopped, or you
 23 just don't know the answer?
 24 A. I don't know the answer.

Page 85

1 Q. How about for Cephalon, do
2 you know if any suspicious orders were
3 stopped under its system?

4 MS. HILLYER: Objection
5 beyond the scope.

6 You can answer if you know.

7 THE WITNESS: I don't know.

8 BY MR. CRAWFORD:

9 Q. And what was -- was
10 Cephalon's system the same or was it
11 different, prior to 2011?

12 A. I don't know.

13 Q. All right. So for Actavis,
14 let's go to their system.

15 What was their system prior
16 to -- immediately prior to the
17 acquisition in 2016 by Teva, their system
18 for identifying suspicious orders?

19 A. They had an order pending
20 system as well that would identify orders
21 that varied -- varied from specific
22 tolerances that had been set into the
23 system and had to have an individual
24 review those orders for release.

Page 87

1 Q. And let's put this chart up
2 here again.

3 MS. HILLYER: He's directing
4 you to Exhibit-7.

5 MR. CRAWFORD: Yes. This is
6 Exhibit-7.

7 BY MR. CRAWFORD:

8 Q. Here we're talking Actavis.

9 Is this -- which Actavis
10 entity are we talking about on this first
11 page? Are these all the Actavis generic
12 entities?

13 A. This would have been any
14 that distributed -- I'm only aware of the
15 Actavis Pharma distributing.

16 Q. So "Actavis" means Actavis
17 Pharma?

18 A. That's my understanding.

19 Q. All right. I think we need
20 to shortcut this a little bit, because we
21 do have a limited time.

22 Let me ask it this way: Do
23 all these policies and procedures that
24 are referenced by Bates there -- that's

Page 86

1 Q. And what was the individual
2 who viewed the order? What department
3 did they work for?

4 MS. HILLYER: What time
5 frame are you talking about?

6 MR. CRAWFORD: Just prior to
7 the acquisition.

8 THE WITNESS: I don't
9 recall.

10 BY MR. CRAWFORD:

11 Q. And what was the practice
12 for halting orders at the Actavis
13 entities immediately prior to the
14 acquisition?

15 A. The order was flagged if it
16 was -- if it exceeded specific tolerances
17 that were built into their order
18 management system.

19 Q. And once they were flagged,
20 what was the process for halting an
21 order?

22 A. I don't recall whether it
23 was halted automatically through that
24 flag or not.

Page 88

1 what these Bates numbers are, the actual
2 policies and procedures, the written ones
3 that you've been able to locate, right?

4 A. Yes.

5 Q. Do you know if there are any
6 other written policies and procedures out
7 there that are not identified? Can you
8 identify them right now?

9 MS. HILLYER: Objection to
10 form. Assumes facts not in
11 evidence.

12 THE WITNESS: I am not aware
13 of any others.

14 BY MR. CRAWFORD:

15 Q. And would these policies and
16 procedures, are they -- were they in
17 effect from these time periods under the
18 date -- how long -- were these the
19 starting dates of these policies listed
20 under date?

21 A. I don't believe so. I think
22 these would have been the policy that was
23 updated or changed at that point in time.
24 And in many cases, they refer to policies

1 that were dated earlier and revisions
2 from those earlier policies.

3 Q. So, for instance, under Teva
4 SOP, customer site visits, these are the
5 only two policies you're aware of that
6 were in effect for customer site visits,
7 correct, for Teva USA?

8 A. At that point in time. They
9 may refer to policies that would have
10 been earlier versions.

11 Q. All right. So for August
12 1st, 2014, you're saying this policy
13 might refer to an earlier written
14 version, right?

15 A. Yes.

16 Q. And do you know if there, in
17 fact, was an earlier written version, as
18 you sit here?

19 A. There were for some of these
20 policies. I don't recall which ones.

21 Q. Can you identify them as you
22 sit here today, any earlier ones?

23 A. No.

24 Q. Okay. The same -- same on

1 down, these are the only ones you can
2 identify, as you sit here today, all of
3 these policies? There are no other
4 written policies that you can identify?

5 MS. HILLYER: Objection to
6 form. I think he's asked and
7 answered that a few times now.

8 THE WITNESS: These were the
9 policies that were in place at
10 that time. They may refer to
11 earlier policies and changes that
12 were made from those policies that
13 were reflected in these current
14 versions.

15 BY MR. CRAWFORD:

16 Q. But this topic asks you to
17 identify your policies and procedures as
18 you sit here today, and I'm just trying
19 to get all the ones that you can identify
20 as you sit here today.

21 And these are the only ones
22 that you can actually identify?

23 A. That's correct.

24 Q. But what you're saying is

1 that there may be some referenced in
2 there, in some of these, that may refer
3 to a predecessor policy, correct? But
4 you don't know it, as you sit here today,
5 what those are; is that accurate?

6 A. In the policies, in some of
7 these policies, it will refer to a
8 previous policy and the change that was
9 represented in the current version versus
10 what was in the previous version.

11 Q. But for the earliest
12 policies you reference here, they may
13 refer to an earlier policy, but, as you
14 sit here today, you can't identify them,
15 right?

16 A. Yes.

17 Q. And so that understanding of
18 how these dates operate is consistent for
19 all the entities listed on Exhibit-7,
20 correct?

21 A. Yes.

22 Q. So if we went to the written
23 policies here referenced in the Bates
24 number, that would accurately represent

1 what the policies were in place for
2 suspicious monitoring -- order monitoring
3 for these companies; is that correct?

4 A. Yes.

5 Q. Outside of these written
6 policies, are there any other policies
7 and procedures you're aware of that
8 relate to any of these entities on
9 Exhibit-7, the suspicious order
10 monitoring program?

11 MS. HILLYER: Objection to
12 form. I think he's asked and
13 answered.

14 But you can answer it again.

15 THE WITNESS: Not that I'm
16 aware of.

17 BY MR. CRAWFORD:

18 Q. Did any third party or
19 vendor perform any suspicious order
20 monitoring services for Teva, Cephalon or
21 the Actavis entities, that you're aware
22 of?

23 A. Yes.

24 Q. And which entities or third

1 parties or vendors were those?

2 A. UPS served as a secondary
3 suspicious order monitoring check for
4 Actavis.

5 Q. And by "check," what do you
6 mean by that?

7 A. Actavis had a suspicious
8 order monitoring process. They utilized
9 UPS as a logistics vendor who also had a
10 suspicious order monitoring process, so
11 that there were two checks on the
12 distribution of the opioids or controlled
13 substances that they distributed through
14 UPS.

15 Q. And what was that process?
16 Are you able to testify to that today,
17 the UPS process?

18 MS. HILLYER: Sorry.
19 Objection to that. And we
20 objected in our response to the
21 topics that he's not here to
22 testify as to UPS's or any other
23 third-party vendor's processes or
24 policies.

1 testify about some third party.

2 He can testify about
3 Actavis's policies and procedures.
4 To the extent this was part of
5 that, he can testify about that
6 interrelationship, which I believe
7 he did, but you can ask him
8 questions about that, not what
9 UPS's was.

10 BY MR. CRAWFORD:

11 Q. So this reference here is to
12 the actual UPS policy, not Actavis's
13 policy, then, right?

14 MS. HILLYER: He's on the
15 back side.

16 MR. CRAWFORD: It says, UPS
17 suspicious order system, November
18 3rd, 2010. And it lists Actavis
19 as the company, and then lists a
20 Bates number.

21 BY MR. CRAWFORD:

22 Q. So is this Actavis's policy
23 or is this UPS's policy?

24 A. I believe this is UPS's

1 But if he knows, he can
2 answer.

3 THE WITNESS: I'm not aware
4 of the UPS process. I'm not aware
5 of what it was.

6 BY MR. CRAWFORD:

7 Q. There's a policy and
8 procedure listed here on Exhibit 7 that
9 says, UPS suspicious order system,
10 November 3, 2010, Actavis.

11 Can you explain what that
12 is?

13 MS. HILLYER: Objection to
14 form. Do we have a document here
15 for him to look at?

16 MR. CRAWFORD: No.

17 BY MR. CRAWFORD:

18 Q. Can you identify what that
19 system is that's referenced there that
20 was part of your designated topics?

21 MS. HILLYER: Objection.
22 It's not part of the designated
23 topics, because we objected to
24 testimony that requires him to

1 policy.

2 Q. And you're not prepared to
3 testify as to what this policy is, as you
4 sit here?

5 A. No.

6 Q. Were there any other third
7 parties or vendors that you're aware of,
8 for any of the entities that you're
9 designated to testify for today, that
10 assisted in the suspicious monitoring
11 or -- program at these companies?

12 A. I don't believe so.

13 I want to amend that last
14 statement.

15 Q. Yes.

16 A. Because I do not know
17 whether or not this is a UPS policy or
18 not. I don't remember whether it was a
19 policy that related to how Allergan
20 interacted -- or Actavis interacted with
21 UPS or whether it was their policy
22 specifically. I just don't recall.

23 Q. All right. And can you
24 identify any specifics with regard to how

<p style="text-align: right;">Page 97</p> <p>1 Allergan interacted with -- or Actavis 2 interacted with UPS? 3 MS. HILLYER: Objection. 4 Asked and answered. 5 You can explain it again. 6 THE WITNESS: What I'm aware 7 of is that UPS had an SOM policy 8 and that that could serve as a 9 secondary check against the policy 10 that Actavis had for their 11 suspicious order monitoring 12 program. Because it would flow 13 from Actavis to UPS. 14 BY MR. CRAWFORD: 15 Q. But I'm just trying to get 16 to the specifics of that policy. There's 17 apparently a written policy that might be 18 how they interacted. 19 I'm wondering if you know 20 the specifics about how they interacted? 21 A. I don't recall the 22 specifics. 23 Q. Were there any -- who were 24 the people at Actavis who interacted with</p>	<p style="text-align: right;">Page 98</p> <p>1 UPS for this process? 2 A. I'm not sure who on this 3 list of contacts would have been the 4 specific contact for UPS. 5 Q. Let's go to the next 6 exhibit, the next topic. 7 The next topic is Topic 7, 8 testing for long-term use in chronic 9 pain. And if you could turn to Page 7 of 10 the notice, Exhibit-11, it's, The 11 identity of all persons who were 12 responsible for testing the safety and 13 efficacy of opioid products for long-term 14 use or for chronic pain or who received 15 reports, test results, studies or any 16 other documentation regarding the testing 17 of the safety and efficacy of opioid 18 products for long-term use for chronic 19 pain or long-term use and the results of 20 any such testing. 21 The question I have here -- 22 let's see. You do have information on 23 this topic in Exhibit-1. 24 So this accurately reflects</p>
<p style="text-align: right;">Page 99</p> <p>1 your response to this topic, right? 2 MS. HILLYER: Objection to 3 form. 4 THE WITNESS: It does. 5 BY MR. CRAWFORD: 6 Q. And in this, I mean, what 7 you list here in Exhibit-1 under Topic 7, 8 correct? 9 A. Yes. 10 MS. HILLYER: Same 11 objection. 12 BY MR. CRAWFORD: 13 Q. And what were the -- can you 14 testify right now, today, what the 15 results were of such testing or what 16 tests were conducted? 17 MS. HILLYER: Objection. 18 Beyond the scope. 19 You can answer if you know. 20 MR. CRAWFORD: It does ask 21 for the results of any such 22 testing. 23 MS. HILLYER: No, it 24 doesn't. It asks for the identity</p>	<p style="text-align: right;">Page 100</p> <p>1 of all persons who were 2 responsible for testing the safety 3 and efficacy of opioid products 4 for long-term use or chronic pain 5 or who received reports, test 6 results, studies or any other 7 documentation regarding the 8 testing of the safety and efficacy 9 of opioid products for long-term 10 use or for chronic pain or for 11 long-term use and the results of 12 any such testing. 13 I read that to be the people 14 who received those reports. 15 MR. CRAWFORD: Fair enough. 16 BY MR. CRAWFORD: 17 Q. So you're not here to 18 testify about the results, right? 19 A. Correct. 20 Q. So let's go to Topic 10. 21 So you have Appendix 4, 22 which is providing information about 23 Topic 10, correct? Topic 10 is 24 identification -- let me -- I just asked</p>

1 the question.

2 So is that Appendix 4 you're
3 providing for that?

4 A. Yes.

5 Q. So this is not all of the
6 policies and procedures in Exhibit-8, but
7 this is a sampling, correct?

8 - - -

9 (Whereupon, Teva-Hassler
10 Exhibit-008, Appendix 4 - Topic 10
11 - Identification of Policies and
12 Procedures, was marked for
13 identification.)

14 - - -

15 BY MR. CRAWFORD:

16 Q. Let's get a clean copy.
17 Right?

18 A. What are you -- I'm sorry,
19 would you repeat the question?

20 Q. I'm sorry. It looked like
21 that Exhibit-8 was a sampling of the
22 policies and procedures in these areas
23 listed in Topic 10, correct?

24 A. Yes.

1 Teva had no brand opioid
2 products prior to 2011, correct, that
3 they marketed or sold?

4 A. Correct.

5 Q. So I'm just wondering if
6 any -- there were any marketing and sale
7 policies and procedures in effect prior
8 to 2011 that would have kind of governed
9 opioid products, along with other generic
10 products.

11 A. There weren't any sales and
12 marketing policies that were specific to
13 opioid products. They would have been
14 sales and marketing policies for all of
15 our products.

16 There was a code of conduct
17 that would have been, I believe,
18 applicable to Teva USA that would date
19 back, I believe, to 2006 that would have
20 governed expectations and interactions.

21 Q. Is that listed in -- is this
22 on Page -- the last page --
23 second-to-last page of the appendix,
24 listed there, code of business conduct,

1 Q. All right. And are you
2 aware of any policies or procedures for
3 sales and marketing that Teva USA had?
4 Because I see none listed on Appendix A.
5 And that would be -- let's start with
6 prior to 2011.

7 A. Prior to 2011? Any policies
8 on sales and marketing?

9 Q. Right. For Teva USA.

10 MS. HILLYER: Related to
11 opioids?

12 MR. CRAWFORD: Yes. That
13 would relate to opioid products or
14 the sale of it.

15 BY MR. CRAWFORD:

16 Q. And I don't mean
17 specifically related. I mean just that
18 somehow the sales and marketing
19 procedures would involve or be related
20 to, in any way, the sale of an opioid
21 product, including other generic
22 products.

23 Teva had no brand -- let me
24 strike that.

1 that's Teva MDLA00553166?

2 A. Yes.

3 Q. And that's what you were
4 referring to?

5 A. Yes.

6 Q. But nothing specific for
7 sales and marketing that you can recall
8 that would have -- you know, that opioids
9 would have -- maybe not what it's
10 specific to but would have been governed
11 by?

12 Let me ask it this way: Did
13 you have any sales and marketing
14 procedures in place that governed any of
15 your generic products prior to 2011?

16 A. There would have been
17 procedures in place to validate the
18 accuracy, legality and regulatory
19 compliance with any announcements or
20 communications of new generics that were
21 being introduced into the marketplace.

22 Q. Anything else?

23 A. The other -- the code of
24 conduct would have also addressed

1 expectations around interaction with
2 customers. So there would have been
3 applicability to sales and marketing in
4 that code and expectations created by
5 compliance with that code.

6 Q. The Actavis entities listed
7 here in this chart are -- just sell
8 marketed -- just sold generic products,
9 right, generic opioid products?

10 A. The entities that we've been
11 talking about today, yes.

12 Q. So Actavis, under sales and
13 marketing, has a bunch of policies and
14 procedures, including U.S. policy on
15 promotion, nonpromotional and off-label
16 interactions and materials, right?

17 That's down at the bottom of
18 Page 2.

19 A. Yes, I see that.

20 Q. And that would have been
21 applicable to their generic products,
22 correct?

23 A. My understanding is that
24 they had a common policy across their

1 branded and their generics, unless it was
2 specifically cited as a site-specific or
3 ANDA-specific policy.

4 Q. Did Teva USA, at any time,
5 have a similar type of policy with regard
6 to its generic products?

7 MS. HILLYER: Similar to
8 what?

9 MR. CRAWFORD: To U.S.
10 policy on promotion,
11 nonpromotional and off-label
12 interactions and materials.

13 MS. HILLYER: Objection.

14 Vague. I don't know what you mean
15 by "similar."

16 MR. CRAWFORD: I mean, I'm
17 just trying to find out if they
18 have any policies that deal with
19 those topics with regard to their
20 generic products.

21 MS. HILLYER: Objection to
22 form.

23 You can answer if you
24 understand.

1 THE WITNESS: They had -- I
2 can't speak to the time period.
3 They had an approval process for
4 promotional materials to be
5 reviewed by legal, regulatory and
6 the commercial group that was
7 creating the announcements. I
8 don't remember whether they're
9 referenced in some of these
10 overarching policies or not.

11 BY MR. CRAWFORD:

12 Q. Let's break it down.

13 Did they have any policy at
14 Teva with regard to its generic products
15 on off-label interactions?

16 MS. HILLYER: At what point
17 in time?

18 MR. CRAWFORD: Any time.

19 THE WITNESS: The code of
20 conduct would have prohibited
21 off-label interactions for anyone
22 underneath Teva USA.

23 BY MR. CRAWFORD:

24 Q. Any other sales and

1 marketing type --

2 A. Any promotional, off-label
3 interactions.

4 Q. Any other sales or marketing
5 type policies or procedures that governed
6 off-label interactions at Teva USA for
7 its generic products?

8 A. Not that I'm aware of. It
9 just wasn't a practice that they would
10 talk about the therapeutic information in
11 the product. They typically just ran
12 with the brand name, the dosage strength,
13 and the availability of the product.

14 Q. As you sit here today, I
15 know this is a sampling you provided me,
16 Exhibit-8, but can you think of any other
17 policies or procedures that you can
18 identify regarding any of the topics in
19 Question 10 that aren't listed here?

20 MS. HILLYER: Objection to
21 form. It's pretty broad.

22 THE WITNESS: No, there are
23 none that come to mind.

24 BY MR. CRAWFORD:

Page 109

1 Q. Let's move on to the next
2 topic. This is Topic 19.

3 MS. HILLYER: How long do
4 you have, do you think, on this
5 topic? I'm just thinking of when
6 we might want to break for a quick
7 bite.

8 MR. CRAWFORD: We can take a
9 quick break now, if you want.

10 MS. HILLYER: I'm happy to
11 keep going a little bit.

12 MR. CRAWFORD: Let's go with
13 this topic, then.

14 BY MR. CRAWFORD:

15 Q. So Topic 19.

16 MS. HILLYER: As long as you
17 are --

18 THE WITNESS: I'm fine, yes.

19 BY MR. CRAWFORD:

20 Q. The role of wholesalers,
21 distributors, pharmacies, hospitals,
22 formularies and government entities,
23 agencies and departments, including but
24 not limited to defendants, in the supply

Page 110

1 chain of your opioids and the
2 responsibilities of each with respect to
3 marketing, sales, supply, suspicious
4 order monitoring and potential diversion.

5 So for this topic, I think
6 you have something on Exhibit-11, you've
7 referenced this letter to Claire
8 McCaskill, right?

9 A. Yes.

10 Q. And that would be Exhibit
11 10, right? Is this the letter?

12 A. Yes.

13 - - -

14 (Whereupon, Teva-Hassler
15 Exhibit-010,
16 TEVA_MDL_A_01087806-808, was
17 marked for identification.)

18 - - -

19 BY MR. CRAWFORD:

20 Q. So let's turn to the second
21 page of the letter.

22 And you write here -- Teva
23 writes here that -- their lawyer, Like
24 healthcare -- this is the first full

Page 111

1 paragraph.

2 Like healthcare providers
3 and pharmacies, manufacturing companies
4 like Teva and distributors and
5 wholesalers also have specific
6 obligations within the closed system of
7 distribution. In particular,
8 manufacturers and distributors must
9 establish safeguards against theft and
10 diversion of controlled substances while
11 those substances are within their
12 physical control. Both must also develop
13 and implement systems to identify, quote,
14 suspicious orders, unquote, and any
15 orders identified as potentially
16 suspicious must be reported to the DEA.

17 Is that an accurate
18 statement?

19 A. Yes.

20 Q. And so Teva, and the
21 entities you are here designated for,
22 have been required, during the entire
23 period that they were marketing opioids,
24 to have a suspicious -- a system in place

Page 112

1 to identify suspicious orders, correct?

2 A. Yes.

3 Q. And then also a system,
4 during the entire period they were
5 marketing opioids, to identify any orders
6 as potentially suspicious and report them
7 to the DEA, correct?

8 MS. HILLYER: I'm just going
9 to object to the extent these call
10 for legal conclusions. But he can
11 answer.

12 THE WITNESS: That's my
13 understanding, yes.

14 BY MR. CRAWFORD:

15 Q. And it's your understanding
16 as well that Teva had an obligation also,
17 once it identified a suspicious order,
18 that it must stop the order as well?

19 MS. HILLYER: Same
20 objection.

21 THE WITNESS: That's my
22 understanding, yes.

23 BY MR. CRAWFORD:

24 Q. And then go down to the last

Page 113

1 paragraph, it says, Second, as previously
2 discussed in prior communications, in
3 addition to taking all appropriate steps
4 to prevent theft and diversion of
5 controlled substances, including opioids,
6 while they are in the company's physical
7 possession, Teva maintains a robust
8 system for identifying, monitoring,
9 preventing and reporting suspicious
10 orders of opioid products, as that term
11 is understood in the industry and
12 described by the DEA.

13 How long has Teva maintained
14 a robust system referenced here?

15 MS. HILLYER: Objection to
16 form.

17 You can answer.

18 THE WITNESS: Which entity?

19 BY MR. CRAWFORD:

20 Q. Let's start out with Teva
21 Pharmaceuticals USA.

22 MS. HILLYER: I believe he
23 asked -- objection. Asked and
24 answered.

Page 114

1 But you can answer it again.

2 THE WITNESS: I had
3 discussions with Joe regarding the
4 SORDS program, SORDS 1, that dated
5 back to 2008. And he referenced
6 an SOM program that may not have
7 been an automated program that
8 preceded that in the Watson and
9 Actavis programs.

10 I think that there are
11 policies that date back, my
12 recollection, one of them as far
13 as 2001, I believe. And there may
14 have been a Teva document that
15 went back to '06.

16 On the Actavis side, my
17 recollection is there are
18 documents with regard to those
19 programs that date back to, I
20 believe, '04.

21 BY MR. CRAWFORD:

22 Q. Would you describe them as
23 robust systems?

24 MS. HILLYER: Objection.

Page 115

1 BY MR. CRAWFORD:

2 Q. I'm talking about these
3 SORDS programs you're talking about.

4 A. The SORDS program was Teva's
5 system, and it was an automated order
6 pending system. So, yes, I would
7 describe that as robust. Orders were
8 stopped and had to be released. There
9 had to be an overt action to release
10 them, so that strikes me as robust.

11 Q. And are you aware of any
12 criticisms ever of this system by
13 anybody, DEA or FDA or consultants?

14 MS. HILLYER: Objection.

15 Beyond the scope.

16 You can answer if you know.

17 THE WITNESS: I saw a
18 document that a consultant
19 criticized one of the company's
20 programs and identified some areas
21 of opportunity to enhance it, as
22 part of the consulting services
23 that they were selling.

24 BY MR. CRAWFORD:

Page 116

1 Q. And who was the consultant?

2 A. That, I don't remember.

3 Q. And was the consultant
4 retained ultimately to implement these
5 enhancements?

6 MS. HILLYER: Objection.

7 Beyond the scope.

8 You can answer if you know.

9 THE WITNESS: I don't know.
10 BY MR. CRAWFORD:

11 Q. And about what year was
12 that?

13 MS. HILLYER: Same
14 objection.

15 THE WITNESS: I'm not sure.

16 BY MR. CRAWFORD:

17 Q. So prior to that criticism,
18 would you still describe the system as
19 robust?

20 MS. HILLYER: Objection to
21 form.

22 THE WITNESS: Yes.

23 BY MR. CRAWFORD:

24 Q. And how many suspicious

Page 117

1 orders were identified prior to the
2 consultant's retention?
3 MS. HILLYER: Objection.
4 Asked and answered. And beyond
5 the scope.
6 You can answer if you know.
7 Again.
8 THE WITNESS: I don't have
9 that data.
10 BY MR. CRAWFORD:
11 Q. Would it surprise you that
12 not a single suspicious order was ever
13 reported prior to that consultant being
14 retained?
15 MS. HILLYER: Objection to
16 form. And beyond the scope.
17 You can answer if you have
18 your own opinion.
19 THE WITNESS: I haven't given
20 it any thought.
21 BY MR. CRAWFORD:
22 Q. Do you know that, in fact,
23 the consultant informed the company that
24 no suspicious order had ever been

Page 118

1 reported under the old system prior to
2 being retained, prior to his retention?
3 MS. HILLYER: Objection.
4 Assumes facts not in evidence.
5 And beyond the scope.
6 You can answer if you know,
7 Mr. Hassler.
8 THE WITNESS: No, I didn't
9 know that.
10 MS. HILLYER: We've been
11 going about an hour. Are you at a
12 good stopping point?
13 MR. CRAWFORD: Yes. Okay.
14 I just have a few more questions
15 on this, but we can come back to
16 it.
17 MS. HILLYER: Okay. Why
18 don't we go off the record?
19 VIDEO TECHNICIAN: Going off
20 the record at 12:46 p.m.
21 - - -
22 (Whereupon, a luncheon
23 recess was taken.)
24 - - -

Page 119

1 VIDEO TECHNICIAN: Back on
2 record at 1:20.
3 MR. CRAWFORD: You had one
4 correction on the record, do you
5 want to make that, for the chart?
6 MS. HILLYER: Sure. On
7 Exhibit-1, Page 4, the column
8 marked references, it says,
9 Materials in Appendix 2. It
10 should be materials in Appendix 3.
11 That's it.
12 BY MR. CRAWFORD:
13 Q. Let me do a housecleaning
14 matter.
15 Can you pull out Exhibit-3,
16 please? That would be the written
17 responses here.
18 - - -
19 (Whereupon, Teva-Hassler
20 Exhibit-003, Written Responses of
21 Defendants Cephalon, Inc., Teva
22 Pharmaceuticals USA, Inc., Actavis
23 LLC, Actavis Pharma, Inc., and
24 Watson Laboratories, Inc. To

Page 120

1 Plaintiffs' Fourth Amended Notice
2 of Deposition Pursuant to Rule
3 30(b)(6), was marked for
4 identification.)
5 - - -
6 BY MR. CRAWFORD:
7 Q. So this was something
8 provided by your counsel today entitled,
9 Written Responses of Defendant Cephalon,
10 Inc., Teva Pharmaceuticals USA, Inc., et
11 cetera, et cetera, to plaintiffs' fourth
12 amended notice of deposition pursuant to
13 Rule 30(b)(6).
14 Have you reviewed this
15 document previously?
16 A. Yes.
17 Q. And did you help prepare
18 these responses?
19 A. Not specifically.
20 Q. But did you review them for
21 accuracy at all?
22 A. Yes.
23 Q. And, let's see, are they
24 signed and executed here? Let me check.

<p style="text-align: right;">Page 121</p> <p>1 They are signed by your</p> <p>2 attorneys. But have you reviewed the</p> <p>3 entire document?</p> <p>4 A. No. I reviewed the -- no, I</p> <p>5 haven't.</p> <p>6 Q. Are these responses accurate</p> <p>7 responses of the company to these</p> <p>8 questions?</p> <p>9 MS. HILLYER: Objection.</p> <p>10 Beyond the scope.</p> <p>11 I mean, these are clearly</p> <p>12 topics that are not for today.</p> <p>13 MR. CRAWFORD: Right. But</p> <p>14 my question is, these were</p> <p>15 30(b)(6) topics, responses of the</p> <p>16 company. I just want to see,</p> <p>17 since he's the designee, that he</p> <p>18 agrees and believes they are</p> <p>19 accurate responses.</p> <p>20 MS. HILLYER: Well, right.</p> <p>21 But to be clear, we agreed that he</p> <p>22 wouldn't be testifying on these</p> <p>23 topics and that we would be</p> <p>24 providing written responses in</p>	<p style="text-align: right;">Page 122</p> <p>1 lieu of oral testimony. So he's</p> <p>2 not prepared to talk about or</p> <p>3 testify or confirm the accuracy of</p> <p>4 what's written in this document.</p> <p>5 MR. CRAWFORD: I'm not going</p> <p>6 to ask him questions about it, but</p> <p>7 I want to be sure that we're on</p> <p>8 the record that these are -- since</p> <p>9 we agreed to the 30(b)(6) topics</p> <p>10 to be in writing, that they are</p> <p>11 actually the responses of the</p> <p>12 company and that they affirm them,</p> <p>13 under oath, that these are</p> <p>14 accurate.</p> <p>15 Should I do it through him,</p> <p>16 or should we have a written</p> <p>17 verification?</p> <p>18 MS. HILLYER: We can talk</p> <p>19 about that separately. But he's</p> <p>20 certainly not -- not prepared to</p> <p>21 talk about that today.</p> <p>22 MR. CRAWFORD: He can't</p> <p>23 verify the accuracy today?</p> <p>24 MS. HILLYER: Correct.</p>
<p style="text-align: right;">Page 123</p> <p>1 Whether or not he's the person to</p> <p>2 do that or not, my understanding</p> <p>3 is that no written responses in</p> <p>4 this case have been verified.</p> <p>5 MR. CRAWFORD: Okay. And</p> <p>6 I'll address this on a leadership</p> <p>7 level. But we may want a written</p> <p>8 verification of this one, since it</p> <p>9 is a 30(b)(6) type of thing.</p> <p>10 MS. HILLYER: Right. And my</p> <p>11 point --</p> <p>12 MR. CRAWFORD: But he's not</p> <p>13 prepared to do that?</p> <p>14 MS. HILLYER: -- is written</p> <p>15 responses to 30(b)(6) in this</p> <p>16 case, not just from Teva but any</p> <p>17 party, have not been verified.</p> <p>18 MR. CRAWFORD: Right.</p> <p>19 That's why I understand we may</p> <p>20 need to address it on a global</p> <p>21 level.</p> <p>22 MS. HILLYER: Sure.</p> <p>23 MR. CRAWFORD: But this</p> <p>24 witness is not prepared today to</p>	<p style="text-align: right;">Page 124</p> <p>1 say -- affirm that these are</p> <p>2 accurate responses for the</p> <p>3 company?</p> <p>4 MS. HILLYER: That's</p> <p>5 correct.</p> <p>6 BY MR. CRAWFORD:</p> <p>7 Q. Is that right?</p> <p>8 A. Yes.</p> <p>9 Q. Back to 19.</p> <p>10 I just wanted to ask you,</p> <p>11 with regard to generic products, Teva</p> <p>12 products, let's start out with that, ask</p> <p>13 you about the role of the wholesalers in</p> <p>14 the supply chain of Teva's generic opioid</p> <p>15 products and the responsibilities of each</p> <p>16 with regard to the marketing of those</p> <p>17 products.</p> <p>18 So what do the wholesalers</p> <p>19 do with regard to Teva's generic products</p> <p>20 with regard to marketing them?</p> <p>21 MR. BAILEY: Objection to</p> <p>22 form.</p> <p>23 MS. HILLYER: And I'm going</p> <p>24 to object to the extent this is --</p>

1 to the extent you're asking him
2 for something that's beyond the
3 Teva defendant's purview, which we
4 wrote into our objections to the
5 30(b)(6) topics.

6 He can testify from Teva's
7 perspective.

8 MR. CRAWFORD: Right.

9 THE WITNESS: Would you ask
10 your question again?

11 BY MR. CRAWFORD:

12 Q. Yeah. And I'm just -- just
13 kind of throw out the form of the
14 question here, and kind of the gist of
15 what I'm trying to find out is, what are
16 the roles of the wholesalers, from Teva's
17 point of view or perspective, maybe --
18 whether it's contractual, whatever, that
19 the wholesalers play in the marketing of
20 the Teva opioid products?

21 A. In terms of supporting
22 product announcements, the wholesalers
23 may send out communication to their
24 customers about the availability of a new

1 generic. I'm not aware of anything
2 that's specific to opioids that would be
3 different from anything else.

4 Q. But are there any agreements
5 between Teva and, say, McKesson, as a
6 wholesaler or a distributor, about
7 marketing Teva's generic products, which
8 would include opioids in its portfolio?

9 A. I know that there is a
10 distribution agreement between McKesson
11 and Teva. I don't have the specifics
12 about the components of that agreement.

13 Q. But I'm more interested in
14 marketing.

15 So do you have any
16 agreements -- does Teva have any
17 agreements with a wholesaler or
18 distributor that will -- that govern or
19 concern those entities going out and
20 marketing Teva's generic products,
21 including opioids?

22 MR. BAILEY: Objection to
23 form.

24 MR. CRAWFORD: Who is

1 objecting, by the way?

2 MR. BAILEY: Sorry. This is
3 Clayton Bailey of Covington and
4 Burling for McKesson.

5 THE WITNESS: The only
6 initiatives I'm aware of are
7 communication initiatives that
8 Teva can engage the wholesaler to
9 announce to the pharmacies the
10 availability of a new generic. I
11 believe they're called fax blasts.
12 But through fax or e-mail, they
13 can announce that to their
14 downstream customers.

15 BY MR. CRAWFORD:

16 Q. Is there any -- besides what
17 you just mentioned, are there any other
18 ways or any other roles that wholesalers
19 or distributors play in the marketing of
20 Teva's generic products, including
21 opioids?

22 A. Other than those two
23 announcements?

24 Q. Right.

1 A. There's nothing else, top of
2 mind, that I can think of.

3 Q. What about for pharmacies,
4 hospitals and formularies, how does --
5 does Teva utilize wholesalers or
6 distributors to market their generic
7 products to those entities?

8 MR. MOONEY: Object to form.

9 THE WITNESS: If they are a
10 customer of the wholesaler, that
11 would fall under the same comments
12 that I shared earlier, that they
13 can make those announcements to
14 those customers about the
15 availability of the product.

16 BY MR. CRAWFORD:

17 Q. Is there any relationship
18 whereby the wholesalers or distributors
19 provide information to Teva USA about
20 their customers so that Teva USA can, or
21 one of its affiliate entities, can then
22 market or engage in promotion of their
23 generic products to the customers of the
24 distributors or wholesalers?

1 MS. HILLYER: Objection.
2 Vague.
3 You can answer if you
4 understand.
5 THE WITNESS: I'm not sure.
6 BY MR. CRAWFORD:
7 Q. Other than simply just
8 having a wholesaler distributor do some
9 kind of announcement of a new generic
10 product available to its customers, is
11 there any other way that you're aware of
12 that wholesalers or distributors are
13 utilized to market Teva generic products?
14 MS. HILLYER: Objection to
15 form.
16 BY MR. CRAWFORD:
17 Q. Or to promote them?
18 MS. HILLYER: Objection.
19 Assumes facts not in evidence.
20 THE WITNESS: No, I'm not
21 aware of those, of any other way
22 other than the product
23 announcements.
24 BY MR. CRAWFORD:

1 management or trade team, and another
2 team would be the generic sales team.
3 Q. And how would they -- how
4 would they market to these -- promote the
5 generic products to these pharmacies,
6 hospitals, formularies? What would the
7 team -- would they pitch a product
8 portfolio to them, or what would they do?
9 MS. HILLYER: Objection.
10 Beyond the scope.
11 You can answer if you know
12 in your personal capacity.
13 THE WITNESS: Yes, they
14 would -- they would propose
15 specific products and specific
16 pricing for that institution,
17 whichever institution it might be.
18 BY MR. CRAWFORD:
19 Q. And how did they identify
20 what pharmacies and hospitals and
21 formularies and government entities to go
22 out and market to them?
23 MS. HILLYER: Objection.
24 Beyond the scope.

1 Q. Is there any dedicated sales
2 team to go out and visit or make contact
3 with pharmacies or hospitals or
4 formularies or government entities with
5 regard to marketing or promoting its
6 generic products to those entities?
7 MS. HILLYER: Whose
8 generics?
9 MR. CRAWFORD: Teva's.
10 THE WITNESS: There is a
11 sales organization that
12 specifically goes out and attempts
13 to contract with group purchasing
14 organizations, large hospitals, or
15 integrated healthcare systems and
16 chain pharmacies.
17 BY MR. CRAWFORD:
18 Q. And what's that group
19 called?
20 Why don't we do it before
21 the merger of the groups. So before
22 2016, what was that group called?
23 A. I believe there are two
24 groups. One would be the account

1 You can answer if you know
2 in your personal capacity.
3 MR. CRAWFORD: Just, my view
4 is that it fits, I think, under
5 one of the other categories that
6 we added on to this day.
7 MS. HILLYER: Which one?
8 MR. CRAWFORD: So I'm
9 skipping ahead. I think it's 37
10 or 38. It's identifying
11 customers.
12 But why isn't he
13 testifying --
14 MS. HILLYER: That's for
15 medical professionals specifically
16 that sales reps would contact.
17 Are you talking about sales reps
18 or marketing of generic products?
19 MR. CRAWFORD: Marketing of
20 generic products.
21 MS. HILLYER: Which is
22 different. They don't have sales
23 reps in the same way.
24 MR. CRAWFORD: Then testify,

Page 133

1 if you can -- and thank you for
 2 your personal knowledge on that.
 3 MS. HILLYER: Then my
 4 objection stands.
 5 You can answer in your
 6 personal capacity.
 7 THE WITNESS: Would you ask
 8 me again?
 9 BY MR. CRAWFORD:
 10 Q. Okay. How does Teva USA
 11 identify the pharmacies, hospitals,
 12 formularies and government entities to
 13 target for promoting or marketing its
 14 generic portfolio of products?
 15 And I'm talking about prior
 16 to the 2016 purchase.
 17 MS. HILLYER: Same
 18 objection.
 19 THE WITNESS: They have
 20 access to IMS data that would
 21 identify specific drugs that are
 22 being sold through different
 23 entities or that are affiliated
 24 with different entities.

Page 135

1 products.
 2 MS. HILLYER: I'm sorry,
 3 objection to form. And still
 4 beyond the scope.
 5 THE WITNESS: Typically, for
 6 generic products, Teva relies on
 7 the pharmacy to determine what
 8 product gets filled when a generic
 9 is available.
 10 So a prescription that a
 11 doctor writes is the drug that's
 12 chosen, the specific
 13 manufacturer's product, for an
 14 AB-rated drug, is typically chosen
 15 at pharmacies. So that's where
 16 the generic business tends to
 17 concentrate its effort.
 18 There's -- it's very
 19 atypical that you would contact a
 20 physician audience.
 21 BY MR. CRAWFORD:
 22 Q. It does happen, but it's
 23 atypical?
 24 MS. HILLYER: Same

Page 134

1 BY MR. CRAWFORD:
 2 Q. And then one of the teams
 3 from the departments you mentioned would
 4 go out, or could go out or send people
 5 out, to promote the product portfolio to
 6 that entity, right?
 7 MS. HILLYER: Same
 8 objection.
 9 THE WITNESS: They would go
 10 out to share the portfolio of
 11 generic products that they have
 12 and typically negotiate contracts
 13 for those products that that
 14 entity was interested in
 15 purchasing.
 16 BY MR. CRAWFORD:
 17 Q. And would they use the IMS
 18 data prior to 2016 to identify
 19 particular medical professionals who were
 20 prescribing generic products to go out
 21 and detail them about prescribing?
 22 MS. HILLYER: Objection to
 23 form.
 24 MR. CRAWFORD: Teva

Page 136

1 objection.
 2 THE WITNESS: It has
 3 happened, but it's very unusual.
 4 BY MR. CRAWFORD:
 5 Q. And since 2016, acquiring
 6 Actavis, has there ever been -- has there
 7 been any kind of stepped-up effort, do
 8 you know, to directly market to doctors a
 9 generic opioid portfolio, directly to
 10 doctors?
 11 MS. HILLYER: Hold on one
 12 second.
 13 Objection to form. I don't
 14 know what "stepped-up" means.
 15 MR. CRAWFORD: Just more
 16 than prior to the acquisition.
 17 MS. HILLYER: Same
 18 objection. And beyond the scope.
 19 You can answer if you know.
 20 THE WITNESS: No, not that
 21 I'm aware of, not for a portfolio.
 22 BY MR. CRAWFORD:
 23 Q. Who at Teva USA would have
 24 the most knowledge, personal, factual

1 knowledge, about the marketing efforts of
2 the Teva products to the pharmacies,
3 hospitals and formularies and government
4 entities?

5 MS. HILLYER: Objection.
6 Beyond the scope.

7 THE WITNESS: I would start
8 with Christine Bader. And
9 Christine would likely identify
10 others that would be specific to
11 those subsets.

12 BY MR. CRAWFORD:

13 Q. I think there was someone
14 identified in here, Ms. Cavanaugh.

15 Is she -- what is her
16 position?

17 A. She's no longer with the
18 organization.

19 Q. And what was her position?

20 A. She was the senior vice
21 president and chief operating officer for
22 Teva North America generics.

23 Q. And what was her role?

24 MS. HILLYER: Objection.

1 Beyond the scope.

2 BY MR. CRAWFORD:

3 Q. I mean, what did she do?
4 What were her job duties?

5 We're looking at Exhibit-5.

6 A. Yes.

7 Q. Page 2, Maureen Cavanaugh.

8 A. Yes. She worked with the --

9 Tim McFadden's team in marketing strategy
10 that I believe dealt with a lot of the
11 copy and labeling and packaging when
12 products would be introduced, as well as
13 John Wordarczyk.

14 So this would have been the
15 product communications contracting. New
16 product launch activities would have
17 fallen under Maureen's area of
18 responsibility.

19 Q. Which -- on Exhibit-5, which
20 team would have been in charge, or
21 primarily in charge of identifying, you
22 know, the customers, the pharmacies, the
23 formularies, and sending sales teams out
24 to market or promote their generic

1 products?

2 MS. HILLYER: Objection.
3 Assumes facts not in evidence.

4 THE WITNESS: Mark Falkin
5 was the head of the sales team.

6 BY MR. CRAWFORD:

7 Q. And is he on this chart
8 anywhere?

9 A. Yes.

10 Q. And what page is that?

11 A. On the first page of
12 Exhibit-5, in the top right-hand corner.

13 Q. So how long has he been with
14 the company, approximately?

15 A. I don't have that
16 information at hand.

17 Q. And then is there -- there
18 are marketing operation for generics with
19 Teva?

20 A. Yes. Under Christine Bader,
21 you can see the marketing activities.
22 And, typically, that related to pricing
23 and analytics, in terms of forecasting
24 from a financial standpoint, as well as

1 forecasting for operations and producing
2 the materials, as well as the customer
3 service function to interface with the
4 customers when they called -- when they
5 contacted Teva with regard to orders.

6 Q. Is there any -- so why would
7 they -- the customers being the
8 wholesalers and distributors or the
9 pharmacies and formularies, or all of
10 them?

11 A. Potentially all of them.

12 Q. And then have you ever heard
13 of the term "chargeback"?

14 A. Yes.

15 Q. And chargebacks -- can you
16 briefly describe what a chargeback is?

17 A. When Teva contracts with a
18 pharmacy at a specific price that may be
19 lower than the price that the wholesaler
20 sells the product to that pharmacy for,
21 Teva provides reimbursement for that
22 margin difference back to the wholesaler
23 to make them whole.

24 Q. Is there any type of

1 verification process that Teva uses with
2 regard to determining the chargeback
3 amounts?

4 MS. HILLYER: Objection to
5 form. And to the extent it's
6 beyond the scope.

7 THE WITNESS: There are
8 contracts to determine what the
9 pricing is and contracts with the
10 wholesalers that speak
11 specifically to how those
12 chargebacks would be managed.

13 BY MR. CRAWFORD:

14 Q. And so do they -- is there
15 any database or something that they keep
16 or data that they collect from the
17 wholesalers or distributors to verify
18 that chargeback amount?

19 A. There is.

20 Q. And what's that database
21 called? Is it kept in a database?

22 A. Yes, I believe that it's
23 kept in a database. I do not know the
24 name of that database.

1 So those sales are to
2 customers that have contracted with Teva.
3 And we can see what specific stores
4 purchase, in terms of the product that
5 actually gets sold from the wholesaler.

6 Q. So you're seeing the actual
7 orders by the pharmacies, is that right,
8 or the hospitals or formularies that
9 purchased it --

10 A. Yes.

11 Q. -- from the chargeback data?

12 A. Yes.

13 Q. And does the chargeback data
14 also -- can you trace it back to the
15 practitioners that prescribe the drug?

16 A. Not that I'm aware of.

17 Q. So how long has Teva been
18 using the chargeback data to monitor
19 suspicious orders?

20 MS. HILLYER: Objection to
21 form.

22 You can answer.

23 MR. CRAWFORD: What's the
24 form objection?

1 Q. And is that database used at
2 all in its current suspicious order
3 monitoring analytics?

4 A. Yes.

5 Q. And would Mr. Tomkiewicz be
6 the most knowledgeable factual witness in
7 that regard?

8 A. Yes.

9 MS. HILLYER: Objection to
10 the form. To the extent you're
11 talking about one of the topics
12 today that goes to the policies
13 and procedures around suspicious
14 order monitoring, Mr. Hassler has
15 been designated to testify on that
16 topic.

17 BY MR. CRAWFORD:

18 Q. And how are the charge --
19 how is the chargeback data used currently
20 to analyze suspicious orders?

21 A. The chargeback data goes all
22 the way down to the pharmacy level, but
23 it only represents about half the volume
24 of Teva's products.

1 MS. HILLYER: I don't know
2 that -- the way you're saying
3 that, that they've been using it
4 to monitor suspicious orders, I
5 don't think that's really what the
6 witness testified. It's more
7 nuanced than that.

8 THE WITNESS: I'm not aware
9 of a time when they were not
10 reviewing the chargeback data to
11 look for any suspicious orders.

12 BY MR. CRAWFORD:

13 Q. How about prior to 2012 when
14 the consultant was brought in?

15 MS. HILLYER: Objection to
16 form. That was -- that assumes
17 facts not in evidence, as to --

18 BY MR. CRAWFORD:

19 Q. So prior to 2012, how about,
20 did they use chargeback data to
21 monitor -- in any way to monitor
22 suspicious orders?

23 MS. HILLYER: Same objection
24 to the form of the question as I

Page 145

1 did previously.
 2 THE WITNESS: I don't have
 3 that information. I can't recall
 4 it.
 5 BY MR. CRAWFORD:
 6 Q. So as you sit here today,
 7 you don't know the time, the approximate
 8 time Teva started using suspicious
 9 order -- started using data, chargeback
 10 data as part of its suspicious order
 11 monitoring system?
 12 A. In my discussions with Joe,
 13 he has said that Teva has used chargeback
 14 data. I don't know when that started.
 15 Q. Fair enough. Thank you.
 16 How about for Actavis, the
 17 Actavis entities, have they -- do they
 18 have chargebacks, a chargeback system as
 19 well for their generics? And how far
 20 back did that stretch?
 21 MS. HILLYER: Objection to
 22 the extent that's beyond the
 23 scope.
 24 You're talking about in

Page 147

1 a -- well, he's just looking at a
 2 one-page document.
 3 MR. CRAWFORD: Okay.
 4 THE WITNESS: I thought that
 5 might refresh my memory. I know
 6 we've reviewed a ton of these
 7 documents. I thought that I would
 8 recall it, but I can't point to a
 9 specific one.
 10 BY MR. CRAWFORD:
 11 Q. And you're looking at which
 12 exhibit?
 13 A. The Actavis SOP program, the
 14 various policies.
 15 MS. HILLYER: It's
 16 Exhibit-7.
 17 THE WITNESS: Exhibit-7.
 18 BY MR. CRAWFORD:
 19 Q. None of those refresh your
 20 recollection that they had a policy, a
 21 suspicious order policy, that utilizes
 22 chargebacks?
 23 MS. HILLYER: Well, he
 24 just -- he doesn't have the

Page 146

1 relation to the SOM processes?
 2 MR. CRAWFORD: I'm getting
 3 there. I just want to establish
 4 that they have access to
 5 chargeback information.
 6 THE WITNESS: I believe that
 7 that was referenced in some of the
 8 materials that I reviewed, but I
 9 can't point to a specific document
 10 or time.
 11 BY MR. CRAWFORD:
 12 Q. And so has Actavis utilized
 13 chargeback data to analyze suspicious
 14 orders prior to the acquisition by Teva?
 15 A. I don't know.
 16 Is there a -- never mind.
 17 Q. Let's go on to Topic 21.
 18 A. Could I take a moment just
 19 to look through the policies and see if
 20 that triggers --
 21 MR. CRAWFORD: Sure. Can we
 22 go off the record, if he's going
 23 to do that?
 24 MS. HILLYER: Do you need

Page 148

1 specific documents that are
 2 referenced in here right now,
 3 unless you do.
 4 BY MR. CRAWFORD:
 5 Q. Is that accurate?
 6 A. Yeah, I could not identify
 7 it from these titles. I may be able to
 8 identify it if I could look at the
 9 policy.
 10 Q. Right. We don't have it,
 11 because we just got that, so --
 12 A. I understand.
 13 MS. HILLYER: For the
 14 record, this was the topic and you
 15 could have identified these
 16 policies just as easily as we
 17 could have.
 18 MR. CRAWFORD: Maybe not
 19 just as easily.
 20 MS. HILLYER: Believe me,
 21 just as easily.
 22 MR. CRAWFORD: Well, you
 23 have access to company personnel
 24 who can help you.

1 MS. HILLYER: They don't
2 know where in the database these
3 policies are either.
4 But go ahead.
5 MR. CRAWFORD: It's somewhat
6 Blind Man's Bluff for us.
7 I marked the next exhibit,
8 which I think is 13.

9 - - -
10 (Whereupon, Teva-Hassler
11 Exhibit-013, List of Defendants,
12 was marked for identification.)
13 - - -

14 BY MR. CRAWFORD:

15 Q. Topic 21 is, All financial
16 and business arrangements with any of the
17 defendants in this matter, including any
18 contractual relationships between you and
19 any of the defendants in this matter.

20 And I took the liberty --
21 I'm not going -- you don't have to accept
22 my representation.

23 But I took the liberty of
24 collecting up all of the defendants that

1 I think are listed in all the trial track
2 1 cases and put them there.

3 I don't know if you can scan
4 through them and tell me any of these
5 defendants you think there's a contract
6 for or with between any Teva entity
7 you're testifying for.

8 And by "Teva entity," I mean
9 Teva or Actavis entity.

10 MS. HILLYER: And just for
11 the record, we objected to this
12 topic to the extent it requires
13 Mr. Hassler to identify each and
14 every specific individual,
15 financial and business arrangement
16 with any individual defendant.

17 But he can testify
18 generally.

19 MR. CRAWFORD: Well, just do
20 your best. It's one of the
21 topics.

22 THE WITNESS: So in order
23 for a wholesaler or distributor to
24 buy from Teva, they would have to

1 have a contract with Teva to
2 purchase the product.

3 So those companies listed on
4 here that are wholesalers and
5 distributors who would have
6 purchased from Teva, there would
7 be a contract.

8 BY MR. CRAWFORD:

9 Q. Can you identify -- just
10 scanning down, can you identify some from
11 the list, so we have at least examples of
12 a wholesaler/distributor you're referring
13 to?

14 A. AmerisourceBergen Drug
15 Corporation, McKesson. Those would be
16 two.

17 Q. How about Cardinal Health?

18 A. Yes.

19 Q. What about Anda, Inc.?

20 MS. HILLYER: Objection.

21 What about it?

22 BY MR. CRAWFORD:

23 Q. Are there any contracts with
24 Anda, Inc. between any of the entities

1 you're designated by?

2 A. I don't know anything about
3 Anda.

4 Q. Is Anda -- Anda is owned by
5 Teva Limited, or Teva Limited is one of
6 its indirect parents, right?

7 MS. HILLYER: Objection.
8 Beyond the scope.

9 MR. CRAWFORD: I think it's
10 part of Question 1.

11 MS. HILLYER: No, that's
12 about the structure of the
13 entities which Mr. Hassler is here
14 to testify on behalf of.

15 Anda and Teva Limited are
16 neither of those, they are not --
17 sorry, I didn't say proper English
18 there.

19 Anda and Teva Limited are
20 not two of the entities on which
21 Mr. Hassler is here to testify on
22 behalf of. So it is beyond the
23 scope.

24 MR. CRAWFORD: Just hold for

Page 153

1 one second.
 2 MS. HILLYER: Okay.
 3 MR. CRAWFORD: So Topic 1
 4 deals with not only Cephalon and
 5 the Actavis entities, but also any
 6 acquisition of any other entity or
 7 business that manufactured,
 8 marketed, sold or distributed
 9 opioids or opioid products.
 10 I do list Barr
 11 Pharmaceuticals on there.
 12 BY MR. CRAWFORD:
 13 Q. But didn't Teva Limited also
 14 acquire Anda, Inc. at some point?
 15 MS. HILLYER: Same
 16 objection. He's not here to
 17 testify on behalf of Teva Limited
 18 or as to Teva Limited. Teva
 19 Limited is beyond the scope.
 20 You can answer if you know.
 21 THE WITNESS: I don't know
 22 who bought Anda.
 23 BY MR. CRAWFORD:
 24 Q. Anda, Inc. is a defendant in

Page 154

1 this case but you don't know who bought
 2 Anda?
 3 A. No.
 4 Q. Do you know of any contracts
 5 or other relationships that any of the
 6 entities you're designated by have with
 7 Anda?
 8 A. No.
 9 Q. Do you know that Anda is a
 10 distributor of opioids?
 11 A. I know that Anda is a
 12 distributor. I didn't know whether they
 13 distributed opioids.
 14 Q. Okay. So there are
 15 contracts you have with wholesalers and
 16 distributors.
 17 What other types of
 18 contracts do you have with these
 19 defendants?
 20 A. There's a contract with
 21 Purdue. My understanding is it's a
 22 contract to distribute specific dosage
 23 strengths, under limited quantities, of
 24 OxyContin. And there is a supply

Page 155

1 agreement with Allergan.
 2 Q. That's a second contract?
 3 You're talking about two contracts there?
 4 A. Two separate contracts.
 5 Q. The Purdue one and Allergan,
 6 they are two separate contracts, right?
 7 A. Yes.
 8 Q. Let's stop with the Purdue
 9 one.
 10 That is to distribute, you
 11 said various strengths of oxycodone
 12 products, generic?
 13 A. Yes.
 14 Q. And who makes the oxycodone
 15 products that are the subject of the
 16 contract? Who manufacturers them?
 17 A. I am not sure, but I think
 18 that that's listed in the contract.
 19 Q. And then is this to allow
 20 Teva to market or sell those products, or
 21 Actavis, whoever entered into the
 22 contract?
 23 A. Yes. It gives Teva the
 24 right to distribute certain strengths of

Page 156

1 oxycodone, with quantity limits.
 2 Q. And they distribute it as a
 3 generic version, right?
 4 A. Yes.
 5 Q. And is it -- is the product
 6 that they contracted about, is that -- is
 7 it off patent, or is it still under a
 8 patent that Purdue has?
 9 MS. HILLYER: Objection.
 10 Beyond the scope.
 11 You can answer if you know.
 12 THE WITNESS: I don't know.
 13 It was --
 14 BY MR. CRAWFORD:
 15 Q. Do you know when the
 16 contract was executed?
 17 A. Do you happen to have a
 18 copy?
 19 Q. I do not.
 20 A. No, I don't know
 21 specifically.
 22 Q. And was the contract
 23 originally between Teva, a Teva entity,
 24 and Purdue, or an Actavis entity and

1 Purdue?
 2 A. There was a contract between
 3 a Teva entity and Purdue. And I see from
 4 my notes that it was dated 2014.
 5 Q. And the Teva entity, what is
 6 the Teva entity that entered into the
 7 contract?
 8 A. I need to look at the
 9 specific contract to see the entity.
 10 Q. Do you know if it was Teva
 11 USA or Teva Limited, one of those?
 12 A. I would be guessing.
 13 Q. All right. Okay. Any
 14 other -- and the contract with Allergan
 15 was to manufacture Kadian, right?
 16 A. Yes.
 17 Q. And that's between Allergan
 18 PLC and -- what Allergan entity entered
 19 into that contract?
 20 A. I don't know the specific
 21 entity.
 22 Q. All right. And then what
 23 Teva entity was in the contract?
 24 A. I have seen this.

1 Q. Is it similar for
 2 formularies and hospitals and -- do you
 3 have similar contracts with them?
 4 MS. HILLYER: Objection to
 5 form.
 6 You can answer.
 7 THE WITNESS: There are
 8 hospital buying groups that would
 9 have similar contracts. And some
 10 institutions may choose to buy
 11 from those GPO contracts, or they
 12 may choose to buy directly.
 13 And so there may be specific
 14 contracts with institutions as
 15 well.
 16 BY MR. CRAWFORD:
 17 Q. All right. Let's go to the
 18 next topic. This would be Topic 28 we'll
 19 cover.
 20 So 28 is --
 21 MR. CRAWFORD: If you could
 22 move it down to 28 there.
 23 BY MR. CRAWFORD:
 24 Q. 28 is, Warning letters sent

1 Q. If you can't remember,
 2 that's fine. We can find it.
 3 A. Okay.
 4 Q. Thank you.
 5 Any other types of contracts
 6 that you have here with any of these
 7 entities? I appreciate you're just
 8 speaking generally about some of them.
 9 A. Other than the wholesaler
 10 agreements, there would have also been
 11 chain pharmacies that we would have had
 12 chargeback agreements with.
 13 Q. Is that in addition to sale
 14 of the product to them?
 15 A. It's an agreement to sell
 16 the product to them at a specific price.
 17 And then the chargeback flows to make the
 18 wholesaler whole for selling them to the
 19 pharmacy at that price.
 20 Q. I see. So, basically, they
 21 get the supply of the product from the
 22 wholesaler at the price negotiated by
 23 Teva with the pharmacy?
 24 A. Yes.

1 to you by the FDA and the DEA regarding
 2 your sale, marketing or distribution of
 3 your opioid products, your response to
 4 those letters, all subsequent actions you
 5 took in response to those communications
 6 and all budgets for any such actions, by
 7 year.
 8 And on Exhibit-1, you have
 9 listed, for 28, just one letter, correct,
 10 from the FDA? Is that accurate?
 11 MS. HILLYER: Objection to
 12 form.
 13 You can answer.
 14 THE WITNESS: We received an
 15 untitled letter from the FDA
 16 regarding links, that we responded
 17 to immediately, and then resolved
 18 in a letter dated May 13th.
 19 BY MR. CRAWFORD:
 20 Q. And that's with regard to a
 21 website?
 22 A. Yes.
 23 Q. And is that the only
 24 instance that you're aware of, or that

1 the company is aware of where it received
2 a warning letter from the FDA or DEA?

3 MS. HILLYER: Objection.
4 Assumes facts not in evidence. He
5 didn't testify that that was a
6 warning letter.

7 BY MR. CRAWFORD:

8 Q. Was that a warning letter?

9 A. No.

10 Q. Are you aware of any other
11 letters like the one you referenced here,
12 or any type of warning letter from the
13 FDA or DEA, regarding the topic in 28?

14 MS. HILLYER: Objection to
15 form. And to the extent you're
16 asking about anything other than a
17 warning letter, that would go
18 beyond the scope.

19 But you can answer.

20 MR. CRAWFORD: But that was
21 listed there. So you're saying
22 that's beyond the scope, what's
23 listed?

24 MS. HILLYER: Yes.

1 Technically.

2 BY MR. CRAWFORD:

3 Q. So anything -- any warning
4 letter that you're aware of?

5 A. No other warning letters
6 related to the sale, marketing or
7 distribution of opioids.

8 Q. In 2004, are you aware that
9 the FDA had approached Cephalon regarding
10 off-label marketing?

11 MS. HILLYER: Objection.

12 Beyond the scope.

13 You can answer.

14 THE WITNESS: Yes.

15 BY MR. CRAWFORD:

16 Q. And was there any type of
17 warning letter or other letter from the
18 FDA of admonishment about that conduct?

19 A. I'm not aware of any warning
20 letter.

21 Q. Are you aware of any action,
22 disciplinary action, the FDA took with
23 regard to that incident?

24 MS. HILLYER: Objection to

1 form. And to the extent it's
2 beyond the scope.

3 THE WITNESS: I'm not aware
4 of any FDA action.

5 BY MR. CRAWFORD:

6 Q. Let's go to the next topic,
7 which is -- for me will be 45.

8 And this one is the
9 organizational communications or
10 reporting structure between you and Teva
11 Pharmaceuticals Industries Limited and
12 opioids or opioid products.

13 Teva Limited is the parent
14 company, we saw, an indirect parent of
15 the five entities you're testifying about
16 today, correct?

17 A. Yes.

18 Q. And can you describe for me
19 the organizational -- or the
20 communications and the reporting
21 structure between those entities, the
22 five, and Teva Pharmaceuticals Industries
23 Limited?

24 I think we went over

1 organizational. So I'm just limiting my
2 question here about communications and
3 reporting.

4 A. Brendan O'Grady is the
5 executive vice president for North
6 America Commercial, and he -- his boss is
7 Kåre Schultz, the CEO for Teva Limited.
8 And they interact with one another.
9 Brendan provides information to Kåre on a
10 periodic basis. And the financials from
11 Teva USA are rolled up and communicated
12 to Teva Limited.

13 Q. Through Mr. O'Grady?

14 A. Through Mr. O'Grady and the
15 finance organization. We talked about
16 Asaph and Deb --

17 Q. Those are the board of
18 directors?

19 A. Yes.

20 Q. That was exhibit -- what
21 exhibit are you looking at? I think it
22 was exhibit --

23 MS. HILLYER: What he has in
24 his hand. Not the board.

Page 165

1 THE WITNESS: Deb Griffin,
 2 that's what I was looking for.
 3 BY MR. CRAWFORD:
 4 Q. So the primary communicators
 5 are Mr. O'Grady, Ms. Griffin and Mr.
 6 Shanahan?
 7 A. I don't know that. I would
 8 say the primary communicator would be Mr.
 9 O'Grady.
 10 Q. And secondary would be Ms.
 11 Griffin, and any others?
 12 MS. HILLYER: Objection to
 13 form.
 14 THE WITNESS: No. No one
 15 specific.
 16 BY MR. CRAWFORD:
 17 Q. How about Asaph Naaman for
 18 Teva USA, does he communicate with Teva
 19 Limited on a regular basis?
 20 MS. HILLYER: Objection to
 21 form.
 22 THE WITNESS: He would -- I
 23 believe that he would communicate
 24 the financial results of Teva USA

Page 167

1 their management?
 2 MS. HILLYER: Objection to
 3 form. And asked and answered.
 4 I'm not sure I understand what
 5 you're asking.
 6 You can answer if you
 7 understand.
 8 MR. CRAWFORD: Yes.
 9 THE WITNESS: I thought that
 10 Marty Barron was involved in that
 11 integration process and the
 12 coordination.
 13 BY MR. CRAWFORD:
 14 Q. But not the physically doing
 15 it.
 16 Who made the decision that,
 17 hey, I think I'm going to have Cephalon
 18 integrate with Teva USA and combine their
 19 operations? Who had that idea and then
 20 said, let's do that? Not the mechanics
 21 of it.
 22 MS. HILLYER: Objection to
 23 form and to the extent that's
 24 beyond the scope.

Page 166

1 to Teva Limited.
 2 BY MR. CRAWFORD:
 3 Q. How is it that Cephalon and
 4 Teva USA do business together? You said
 5 Cephalon manufactures Fentora but that
 6 Teva USA markets -- at least at some
 7 point it marketed it, sells it and
 8 distributes it.
 9 Is there a contract between
 10 the two companies that governs that
 11 relationship?
 12 A. I don't know whether there
 13 is a contract between the two
 14 organizations.
 15 When Cephalon was purchased,
 16 like other acquisitions before it, those
 17 products were brought in underneath Teva
 18 USA and managed by the management team
 19 that reported in to that Teva USA
 20 structure.
 21 Q. And what part of the
 22 organization, or people within the
 23 organization, brought the two companies
 24 together and directed them to integrate

Page 168

1 You can answer if you know.
 2 THE WITNESS: I don't know
 3 specifically who would have made
 4 that decision.
 5 Bill Marth was the head of
 6 Teva USA or Teva North America at
 7 the time. The best of my
 8 recollection is he would have been
 9 the one that would have driven how
 10 those organizations were brought
 11 together.
 12 BY MR. CRAWFORD:
 13 Q. But I'm asking a different
 14 question.
 15 Who made the decision to
 16 actually do it, now how to do it, but to
 17 actually do it? Did that emanate from
 18 someone in Israel at Teva Limited?
 19 MS. HILLYER: Objection to
 20 form. And beyond the scope.
 21 You can answer if you know
 22 in your personal capacity.
 23 THE WITNESS: I don't know.
 24 BY MR. CRAWFORD:

1 Q. Do any -- is there any Teva
2 entity, beyond the five that you're here
3 for, that manufactures any of the opioid
4 products that are marketed or sold by
5 Teva in the U.S.?

6 MS. HILLYER: Objection to
7 form and to the extent it's beyond
8 the scope.

9 THE WITNESS: Is there any
10 manufacturer?

11 BY MR. CRAWFORD:

12 Q. Right. Any other Teva
13 entity, besides the five that you're
14 designated for, that manufactures
15 opioids?

16 MS. HILLYER: Objection. To
17 the extent you're asking about
18 other entities other than the five
19 on which he's prepared to testify.
20 But I don't know what you mean by
21 "Teva entity." That could include
22 some of the Actavis manufacturing
23 entities that he's already
24 testified about. So I'm not sure

1 what you mean.

2 BY MR. CRAWFORD:

3 Q. Besides from the five, is
4 there any other entity -- Teva Limited is
5 the primary parent corporation of all
6 five entities? It's the parent of all
7 five, right?

8 MS. HILLYER: Objection to
9 form. He's testified about the
10 relationship, and that's an
11 inaccurate statement.

12 MR. CRAWFORD: I'm just
13 setting up the question.

14 MS. HILLYER: But it's an
15 inaccurate statement.

16 BY MR. CRAWFORD:

17 Q. Teva Limited is the parent
18 of all of those companies, right,
19 indirect parent?

20 A. Yes.

21 Q. I'm just wondering, under
22 the Teva Limited umbrella, are there any
23 other Teva entities that manufacture the
24 opioid products that are marketed or sold

1 by the five you're here for?

2 MS. HILLYER: Same
3 objection.

4 You can answer.

5 THE WITNESS: Not that I'm
6 aware of. I focused specifically
7 on these five entities.

8 BY MR. CRAWFORD:

9 Q. Right. But you don't know
10 if anyone else outside of the company
11 manufactures their opioid products,
12 besides Purdue?

13 A. I don't.

14 Q. Does Teva Limited have any
15 involvement in the distribution of the
16 opioid products manufactured by any of
17 the entities that you're here for?

18 A. No.

19 Q. Does Teva Limited do any
20 kind of pharmacovigilance, or any of its
21 other subsidiaries, pharmacovigilance
22 that is shared with any of the five
23 entities you represent with regard to
24 opioid products?

1 MS. HILLYER: Objection to
2 form and to the extent it's beyond
3 the scope. You're talking about
4 other entities that -- for which
5 he's not here to testify on behalf
6 of.

7 You may want to restate that
8 question.

9 THE WITNESS: I want to
10 answer your question, so could you
11 ask it again?

12 BY MR. CRAWFORD:

13 Q. Sure. I'm just wondering if
14 there's any Teva entity or Teva Limited,
15 beyond the five you represent, that do
16 any pharmacovigilance that they share
17 with any of your five entities, on
18 opioids.

19 MS. HILLYER: Objection to
20 form. And beyond the scope.

21 You can answer if you know.

22 THE WITNESS: The way that I
23 understand the pharmacovigilance
24 system works is we have a local

1 pharmacovigilance and drug safety
2 lead in the country who is
3 responsible for the
4 pharmacovigilance activities
5 within the U.S.

6 They capture the information
7 and report it to regulatory
8 authorities, as well as
9 communicate it to Teva Limited,
10 that integrates that information
11 across all of the different
12 subsidiaries in the countries.

13 BY MR. CRAWFORD:

14 Q. And is there a lead
15 organization within the Teva umbrella
16 that kind of directs this whole process?

17 MS. HILLYER: Objection to
18 the extent it's beyond the scope.

19 You can answer.

20 THE WITNESS: Other than the
21 pharmacovigilance team?

22 BY MR. CRAWFORD:

23 Q. No, no. A company, a
24 particular company.

1 Is it Teva Limited? Is it
2 some Teva subsidiary in Europe that does
3 it? Or is it a holding company? Or is
4 it Teva USA that does it for the world?

5 Who kind of is the, you
6 know, the quarterback for the
7 pharmacovigilance process?

8 A. The quarterback for the
9 local process would be --

10 Q. No, I mean global. Global.

11 A. I don't know. I didn't --

12 Q. All right. And does any --
13 does Teva Limited, you know, do any type
14 of audits or recommendations about what
15 Teva USA should be doing with regard to
16 opioids?

17 A. No, I'm not aware of any
18 communications specific to opioids from
19 Teva Limited at all.

20 Q. How about decisions about
21 hiring or firing the key officers of Teva
22 USA? Who makes those decisions?

23 MS. HILLYER: Objection to
24 form.

1 BY MR. CRAWFORD:

2 Q. The CEO or CFO or the COO?

3 MS. HILLYER: Objection to
4 form.

5 You can answer.

6 THE WITNESS: I've never
7 been involved, and I haven't had
8 exposure to who makes those
9 decisions.

10 BY MR. CRAWFORD:

11 Q. Okay. So you don't know?

12 A. I don't know.

13 Q. Okay. That's fine.

14 Is there a global regulatory
15 entity, or is there an entity that kind
16 of monitors global regulatory matters for
17 the Teva companies, which would include
18 Teva USA?

19 MS. HILLYER: Objection.

20 Beyond the scope.

21 You can answer if you know.

22 THE WITNESS: There are
23 global functions, as I mentioned,
24 with -- pharmacovigilance is an

1 example where they will
2 consolidate information from the
3 various countries.

4 BY MR. CRAWFORD:

5 Q. And that would include
6 regulatory, too?

7 A. I believe that there is a --
8 actually, I don't know if there's a
9 global regulatory function.

10 MR. CRAWFORD: Your
11 objection is beyond the scope?

12 MS. HILLYER: Yes.

13 BY MR. CRAWFORD:

14 Q. If this opioid litigation is
15 resolved, and I mean the one that's the
16 subject of this -- that's on the caption
17 of this deposition notice, who are the
18 decision-makers that are going to be
19 involved in that decision?

20 MS. HILLYER: Objection.
21 Beyond the scope.

22 BY MR. CRAWFORD:

23 Q. Is it going -- what company?

24 MS. HILLYER: Objection.

1 Beyond the scope.
 2 You can answer if you know
 3 in your personal capacity.
 4 And objection to form.
 5 If you understand.
 6 THE WITNESS: I do not know.
 7 BY MR. CRAWFORD:
 8 Q. That's fine.
 9 A. I don't know.
 10 MR. CRAWFORD: I'm going to
 11 pass the questioning on to Mr.
 12 Cartmell, and then I'm going to
 13 pick up on the questions which
 14 were added later, which I agreed
 15 to.
 16 VIDEO TECHNICIAN: Going off
 17 the record. 2:17 p.m.
 18 - - -
 19 (Whereupon, a brief recess
 20 was taken.)
 21 - - -
 22 VIDEO TECHNICIAN: Back on
 23 record. 2:28 p.m.
 24 - - -

1 believe, USA, also Cephalon and certain
 2 Actavis entities as a designated
 3 corporate representative to testify on
 4 certain topics, correct?
 5 A. Yes.
 6 Q. And you understand that by
 7 being a corporate designee and testifying
 8 to these topics, you can bind the
 9 corporations with your testimony?
 10 Do you understand that?
 11 A. Yes.
 12 Q. You mentioned previously
 13 that you spent a substantial amount of
 14 time preparing for this deposition.
 15 And if I understand you
 16 correctly, prior to being the corporate
 17 designee in this case, you actually had
 18 very little involvement with Teva's
 19 marketing and promotion of opioids,
 20 correct?
 21 A. Yes.
 22 Q. And you had very little
 23 involvement with Teva's actual sales of
 24 opioids, correct?

1 EXAMINATION
 2 - - -
 3 BY MR. CARTMELL:
 4 Q. Mr. Hassler, my name is Tom
 5 Cartmell. I'm going to follow-up and ask
 6 you some questions about additional
 7 topics that you've been designated to
 8 testify about today, okay?
 9 A. Yes.
 10 Q. I'm probably going to
 11 condense things a little bit, because
 12 you've already discussed some of the
 13 things in my topics that I was going to
 14 ask you questions about.
 15 But if you don't understand
 16 me for any reason, just tell me that, and
 17 I'll restate the question or rephrase it,
 18 okay?
 19 Is that okay?
 20 A. Yes.
 21 Q. Before I get started,
 22 though, you understand you're here today
 23 as a corporate designee; you've been
 24 designated specifically by Teva, I

1 A. Only during the two years
 2 that I was general manager.
 3 Q. And that was '15 to '17?
 4 A. Yes.
 5 Q. But other than that, you
 6 didn't have any opioid experience before
 7 this deposition, or being designated to
 8 testify, correct?
 9 MS. HILLYER: Objection to
 10 form.
 11 THE WITNESS: That's
 12 correct.
 13 BY MR. CARTMELL:
 14 Q. And with respect to
 15 Cephalon, who you're designated to
 16 testify on behalf of, you never worked at
 17 Cephalon, did you?
 18 A. I did not.
 19 Q. And you never had,
 20 therefore, any experience with marketing
 21 or selling opioids for Cephalon, fair?
 22 A. Yes.
 23 Q. And as far as the Actavis
 24 entities that Teva acquired, you also

1 never worked for Actavis or Allergan; is
 2 that fair?
 3 A. I did not.
 4 Q. So same is true that you
 5 never had any experience selling or
 6 promoting or marketing the Actavis entity
 7 generics before this lawsuit, correct?
 8 A. That's correct.
 9 Q. And you had no knowledge of
 10 how those corporations, including
 11 Cephalon and Actavis entities, operated
 12 from a sales or marketing or promotion
 13 standpoint until you were designated in
 14 this lawsuit, correct?
 15 A. Yes.
 16 Q. And so once you were
 17 designated by these corporations to be
 18 their corporate designee, I take it, at
 19 that point, you had to look at lots of
 20 documents; is that right?
 21 A. That's correct.
 22 Q. You had to spend lots of
 23 time with lawyers; is that right?
 24 A. Yes.

1 today?
 2 MS. HILLYER: To testify as
 3 to all the 30(b)(6) topics, or
 4 just today's topics? Because
 5 that's a different question.
 6 MR. CARTMELL: Just prior to
 7 today.
 8 MS. HILLYER: I just want to
 9 be clear.
 10 MR. CARTMELL: Let me
 11 restate it.
 12 BY MR. CARTMELL:
 13 Q. Prior to today, how many
 14 hours have you spent with the lawyers
 15 preparing for your testimony in this
 16 30(b)(6) deposition?
 17 A. Including the time that the
 18 lawyers were meeting with us and these
 19 other folks?
 20 Q. Yes.
 21 A. I would say at least 80
 22 hours.
 23 Q. Okay. And then I think you
 24 testified there's been some time outside

1 Q. In fact, I think that we've
 2 seen, from the documents you brought
 3 today, you outlined that you spent --
 4 just preparing for today's deposition,
 5 you spent time with the lawyers for 59.75
 6 hours; is that right?
 7 MS. HILLYER: Objection to
 8 form.
 9 THE WITNESS: That's what's
 10 listed here, in terms of the
 11 in-person meetings with outside
 12 counsel. It's actually been more
 13 than that with phone calls and
 14 video conferences, as well as with
 15 all of these other colleagues, to
 16 gain an understanding of how their
 17 business practices did work and to
 18 validate what I was reading in a
 19 lot of the -- a lot of the
 20 policies and procedures.
 21 BY MR. CARTMELL:
 22 Q. I see. So how many hours
 23 more than 59.75 hours do you think you
 24 spent with the lawyers preparing for

1 of the time you spent with the lawyers
 2 that you spent preparing, reviewing
 3 documents and meeting with other
 4 employees of these corporations; is that
 5 correct?
 6 A. Yes.
 7 Q. I'm trying to get an
 8 estimation, your best estimation, of the
 9 total amount of time you have spent
 10 preparing for this deposition.
 11 A. I would estimate probably
 12 about a month.
 13 Q. A month's time?
 14 A. Yes.
 15 Q. Are you talking about a
 16 typical week being 40 hours?
 17 MS. HILLYER: Typical for
 18 whom?
 19 Go ahead.
 20 MR. CARTMELL: That's a good
 21 point.
 22 BY MR. CARTMELL:
 23 Q. Typical being 60 hours?
 24 A. Yeah, 50 -- I would say

1 routinely 50-, 55-hour weeks.
2 Q. So you think that you've
3 probably spent between 200 and 250 hours
4 preparing for this deposition?

5 A. That would be my rough
6 estimate, yes.

7 Q. Okay. And during that
8 period of time, did you take notes on a
9 notepad or anything like that?

10 A. No. I was asked not to take
11 notes during those calls.

12 Q. Lawyers told you not to take
13 notes?

14 A. Yes.

15 Q. And then you brought with
16 you today, though, a document that we've
17 marked as Exhibit-1. It's been shown
18 multiple times. It's, I think, on giant
19 paper, legal-sized paper.

20 Just to be clear, did the
21 lawyers prepare this for you?

22 A. Yes. I had asked them,
23 given the volume of material that I had
24 been reviewing, if I could have something

1 that would give me notes that I could
2 refer back to, just to help trigger
3 recollection of some of those documents
4 that we had reviewed.

5 Q. Okay. So -- and it's been
6 shown, here is an example of it. I'm
7 showing it right now.

8 But it's got the topic and
9 then it's got an objection. That's
10 lawyer mumbo jumbo that you wouldn't
11 prepare, correct?

12 A. No. I didn't have anything
13 to do with that.

14 Q. And then there's a notes
15 section, as you see here.

16 And that's what you asked
17 the lawyers to prepare from -- excuse me,
18 for today so that it would give you
19 enough information so that your memory or
20 recollection would come back on the
21 things you've seen and learned about; is
22 that correct?

23 A. Yes, yes.

24 Q. And so during the 250 or so

1 hours, have you been asked, essentially,
2 to memorize kind of what the information
3 is in each topic because you didn't
4 experience it in a day-to-day fashion?

5 MS. HILLYER: Objection to
6 form.

7 THE WITNESS: I haven't been
8 asked to memorize it. I've been
9 asked to try to gain an
10 understanding of what took place
11 relative to those topics by these
12 entities.

13 BY MR. CARTMELL:

14 Q. Just so it's clear, have you
15 been in sales and marketing for
16 pharmaceutical companies your entire
17 career?

18 A. For the vast majority of it.
19 I also spent time in an administration
20 and planning role, where I had finance,
21 HR training and IT that reported in to me
22 for a few years.

23 Q. How many years have you been
24 at Teva?

1 A. The joint venture
2 partnership, when I started working with
3 Teva, began in 1996. I actually became
4 an employee of Teva, I believe in 2001,
5 when Teva bought out the partnership, or
6 bought out the joint venture.

7 Q. Okay. So for 20-plus years
8 you've been in sales and marketing at
9 Teva; is that fair to say?

10 A. Aside from the three or four
11 years that I was in administration, but
12 that was at Teva as well.

13 Q. All right. Thanks.

14 Let's go and start talking
15 about some of the topics that you've been
16 designated to be a corporate
17 representative testifying about under
18 oath today.

19 And I want to start, if you
20 don't mind, with Topic 4. This is a
21 topic that I would classify sort of as an
22 organizational chart topic or the
23 structure of the company topic.

24 I'll read it into the

1 record. It's being shown here. The
 2 structure of your sales and/or marketing
 3 departments for opioid products,
 4 including divisions within each
 5 department, for example, regional,
 6 segment, area divisions for sales and
 7 marketing, and marketing divisions
 8 responsible for CME, KOLs, speakers,
 9 e-detailing, medical communications,
 10 Internet websites, public relations, et
 11 cetera, the job responsibilities for each
 12 position in your sales and marketing
 13 departments, the lines of direct and
 14 indirect reporting for each position and
 15 whether the position's compensation is
 16 based, in whole or in part, on levels of
 17 sales of controlled substances or opioid
 18 products.

19 Do you see that?

20 A. I do.

21 Q. Okay. And I kind of want to
 22 divide this up, this topic, and ask you
 23 questions. I'll try to do it in an
 24 organized fashion.

1 documents yourself, fair?

2 A. I didn't look for documents.

3 Q. Okay. Now, you've spoken
 4 some about the corporate structure. And
 5 you provided today with you your notes on
 6 this topic, which we'll show on
 7 Exhibit-1, under the notes section.

8 And you'll see you start by
 9 talking about Actiq and Fentora.

10 Do you see that?

11 MS. HILLYER: Sorry, Topic

12 4?

13 BY MR. CARTMELL:

14 Q. Exhibit-1, Page 2, Number 4.

15 A. Yes.

16 Q. Just so it's clear, is your
 17 understanding that Cephalon started
 18 selling opioids in the year 2000?

19 A. It is.

20 Q. And that would have been an
 21 opioid called Actiq; is that right?

22 A. Yes.

23 Q. And Actiq is a
 24 fentanyl-based opioid that actually is in

1 But my understanding is that
 2 you didn't work for Cephalon, but as far
 3 as the corporate structure of Cephalon,
 4 from the time they started selling
 5 opioids until the time that Teva
 6 purchased Cephalon and its opioid
 7 products, you have set out to gain an
 8 understanding about the corporate
 9 structure of their sales and marketing
 10 department during that time; is that
 11 fair?

12 A. Yes.

13 Q. And I take it you reviewed
 14 lots of documents, including
 15 organizational charts, to do that; is
 16 that fair?

17 A. Yes.

18 Q. And the documents that you
 19 reviewed, were they all provided by
 20 defense counsel to you?

21 A. Yes.

22 Q. In other words, you didn't
 23 set out and do any independent
 24 investigation or go looking for certain

1 the shape of a lollipop?

2 MS. HILLYER: Objection to
 3 form. And beyond the scope.

4 You can answer if you know.

5 THE WITNESS: Yes.

6 BY MR. CARTMELL:

7 Q. And you know that because,
 8 ultimately, Teva ended up purchasing
 9 Actiq, right, through Cephalon?

10 A. When they purchased
 11 Cephalon?

12 Q. Yes.

13 A. Yes.

14 Q. So in 2000, they started
 15 selling opioids. And did you gain an
 16 understanding of what their sales and
 17 marketing department was like at that
 18 time?

19 A. Yes.

20 Q. And is your understanding,
 21 then, that they continued to sell
 22 opioids -- or, strike that.

23 Is your understanding that
 24 they continued to sell Actiq as an opioid

1 until the patent ran out in 2006?
 2 A. Yes.
 3 Q. And at that time, is your
 4 understanding that they launched a new
 5 fentanyl-based opioid called Fentora?
 6 A. Yes.
 7 Q. And that was launched, I
 8 think in maybe 2007; is that fair enough?
 9 A. Yes.
 10 Q. Right. And they continued
 11 selling both Actiq and Fentora until Teva
 12 purchased Cephalon in 2011; is that
 13 right?
 14 A. Yes.
 15 Q. Is your understanding that
 16 Cephalon's sales and marketing
 17 departments, or the structure of the
 18 company related to sales and marketing,
 19 stayed the same with respect to the sale
 20 of opioids from 2000 until 2011, when it
 21 was purchased by Teva?
 22 A. For the most part.
 23 Q. Okay. Tell me, if you can,
 24 what you mean and how it changed, if it

1 did?
 2 A. The basic structure of
 3 having a pain care sales force that
 4 reported in to a pain care sales lead
 5 remained consistent throughout most of
 6 the brand's lifecycle. There was a brief
 7 period of time when the sales force was
 8 integrated with the CNS sales force.
 9 So that was the reason for
 10 my comment, my modifier on the comment.
 11 Q. Okay. And you've stated
 12 that for Actiq and Fentora, the sales
 13 department was generally structured that
 14 there would be a vice president or a
 15 senior director of sales, and then there
 16 would be a regional director under that
 17 vice president, and then there would be
 18 an area manager under that regional
 19 director, right?
 20 A. Yes.
 21 Q. And that's for the sales
 22 department, right?
 23 A. Correct.
 24 Q. And then there was a

1 separate marketing department at
 2 Cephalon; is that right?
 3 A. Yes.
 4 Q. And you have stated that in
 5 the marketing department, it was
 6 typically structured similarly in that
 7 there would be a vice president for that
 8 area, and then there were directors and
 9 senior directors under the vice
 10 president, and product managers and
 11 senior product managers who would report
 12 to the directors; is that fair?
 13 A. Yes.
 14 Q. And I want to -- sometimes
 15 it's good to look at things. I want to
 16 show you what we found in the documents
 17 that Teva produced to us.
 18 If you go to Exhibit-14, at
 19 Page 42, I think that's the page -- let
 20 me make sure that's the right page. That
 21 may not be right.
 22 -- --
 23 (Whereupon, Teva-Hassler
 24 Exhibit-014,

1 TEVA_MDL_A_01373059-150, was
 2 marked for identification.)
 3 - - -
 4 BY MR. CARTMELL:
 5 Q. I'm showing what is marked
 6 in Exhibit-14, an organizational chart.
 7 This, I will represent to
 8 you, is from -- and you'll see in the
 9 left-hand corner -- from 2004 at
 10 Cephalon. And it looks like an org chart
 11 related to a marketing department.
 12 Do you see that?
 13 A. Yes.
 14 Q. Okay. And like you said,
 15 there's a vice president on top. And I
 16 think you mentioned that then there were
 17 directors for each different area under
 18 that.
 19 Do you see that?
 20 A. Yes.
 21 Q. And, for example, Andy Pyfer
 22 is the product director for Actiq, right?
 23 A. Yes.
 24 Q. And that was the opioid that

Page 197

1 Cephalon was selling in 2004, right?

2 A. Yes.

3 Q. And then under that, under
4 Mr. Pyfer, it looks like there's three
5 product managers and a marketing services
6 employee.

7 Do you see that?

8 A. Yes.

9 Q. And what -- do you know what
10 the product managers did, what types of
11 marketing activities they would do?

12 MS. HILLYER: Just, I'll
13 object to the extent we objected
14 to this topic, to the extent it
15 asked about very specific roles
16 and responsibilities for
17 individuals or individual roles in
18 any given year and each position.

19 But he can answer if he
20 knows.

21 THE WITNESS: In general, it
22 would -- they would be given
23 specific assignments related to
24 marketing the product. And it may

Page 198

1 be a specific customer group, or
2 it could be a specific channel
3 that they were responsible for
4 managing or -- it varied depending
5 on what the individual product
6 manager's development needs were
7 in order to grow into a brand
8 director.

9 BY MR. CARTMELL:

10 Q. Okay. And in the marketing
11 department, we mentioned in this
12 question, this topic, that we were
13 interested in things like promotional
14 activities involving hiring by the
15 company of key opinion leaders, doctors
16 who might give speaking engagements for
17 the company about opioids or might give
18 dinner speeches or presentations about
19 opioids or might be hired as consultants
20 on advisory boards by the company related
21 to opioids.

22 Those sorts of things are
23 promotional, marketing-type activities,
24 correct?

Page 199

1 A. Some, but not all.

2 So consultants that would be
3 hired for advisory work may be hired to
4 advise on the development of a particular
5 compound and what other indications we
6 may choose to pursue or how we would go
7 about entering a specific therapeutic
8 area that we may not be familiar with as
9 an organization.

10 There also may be advisory
11 meetings that were specific to providing
12 feedback on marketing.

13 But, typically, advisory
14 activity is the consultant giving
15 information to the organization.

16 The speaker programs that
17 you mentioned would be -- if the company
18 controlled the content, then those would
19 be promotional initiatives.

20 Q. And I take it you
21 understand, from your review of the
22 documents in this case, that, in fact,
23 Cephalon would hire or retain doctors
24 from across the country to give speeches

Page 200

1 and give them slide decks, which they
2 would control the content on, for the
3 doctors to speak from? You understand
4 that?

5 A. Yes.

6 Q. And that's a promotional
7 activity, correct?

8 A. It is.

9 Q. Okay. And advisory boards,
10 did you know that Cephalon actually
11 considered, when they would go to doctors
12 and say, we want to make you a part of
13 our advisory board, did you understand or
14 know that that was from the marketing
15 department and considered promotional
16 activity?

17 A. I think that it could be,
18 depending on the topic and the specific
19 type of advisory function.

20 Q. In this case, though, do you
21 know whether or not Cephalon considered
22 that for opioids, when they would hire
23 these doctors for advisory boards, would
24 they consider that to be a promotional

1 marketing-type activity?

2 MS. HILLYER: Objection.

3 Asked and answered. I think he's
4 qualifying what you're asking.

5 THE WITNESS: It would
6 depend on the topic. There may be
7 topics where an advisory board or
8 a member could give feedback on
9 promotion, or it may be on
10 clinical or it may be on other
11 things, depending on what the
12 topic of the advisory board was.

13 But I think in my
14 discussions with the brand
15 management people who were engaged
16 then, advisory activity was always
17 intake, it wasn't a promotional
18 push.

19 BY MR. CARTMELL:

20 Q. Okay. And other things
21 like, though, attending congresses for
22 organizations like the American Academy
23 of Pain or other societies, pain
24 societies, or other professional

1 organizations like that, lots of times
2 companies, through their marketing
3 department, in fact, would attend those
4 and provide dinners or transportation for
5 doctors, and ask doctors to maybe man
6 their booths that they would have outside
7 of the presentation areas.

8 And those were marketing or
9 promotional types of activities at
10 Cephalon that they were doing as well for
11 opioids, correct?

12 MS. HILLYER: Objection to
13 form.

14 BY MR. CARTMELL:

15 Q. Or do you know?

16 A. I'm trying to recall the
17 discussions I've had with them that date
18 back that far.

19 It is true that they would
20 have had booths at those meetings that
21 would have been specifically designated
22 in a promotional area. I don't recall
23 them.

24 And the policies that I read

1 would indicate that they didn't pay to
2 send people to a meeting unless they were
3 performing a service for the company. So
4 that if they were going to a meeting in
5 exchange for services that they were
6 providing, there should -- there were
7 service agreements for those.

8 Q. Okay. At any rate, you know
9 that the company, Cephalon, when it was
10 marketing Actiq, and later Fentora, had
11 consulting agreements and was making
12 payments to doctors all over America for
13 various promotional and marketing
14 activities, correct?

15 MS. HILLYER: Objection to
16 form.

17 THE WITNESS: I know that
18 they made payments to physicians
19 who are on their speaker bureau
20 and that those speakers would go
21 out and present, on behalf of the
22 organization, promotional content
23 that Cephalon controlled.

24 BY MR. CARTMELL:

1 Q. Is that the only promotional
2 activity or marketing activity you know
3 about, as far as Cephalon doing, related
4 to Actiq or Fentora?

5 MS. HILLYER: Objection.
6 Beyond the scope.

7 You can answer if you know.

8 THE WITNESS: No. There
9 were other promotional activities.

10 BY MR. CARTMELL:

11 Q. We'll talk about that a
12 little bit later.

13 I want to look now at the
14 sales department. This is in 2004,
15 United States sales. If you go to
16 Page -- let's look at Page 54. And I
17 want to focus specifically on something
18 for a minute.

19 This talks about a sales
20 department. And I think you mentioned
21 that it would be divided up into separate
22 territories or areas, is that right, as
23 far as the sales force?

24 A. Yes.

1 Q. And, for example, this is
2 the Midwest. And this mentions here
3 Northern Ohio.
4 Do you see that?
5 A. I'm sorry?
6 Q. 54.
7 A. Detroit? Where are you
8 looking?
9 Q. Northern Ohio.
10 A. I see it.
11 Q. So, for example, they would
12 have -- Phil Tocco, for example, would be
13 a manager of these several sales
14 representatives listed below for that
15 territory --
16 A. Yes.
17 Q. -- is that correct?
18 A. Yes.
19 Q. And they were sales
20 representatives, correct?
21 A. Yes.
22 Q. These were representatives
23 for Cephalon who would go into doctor's
24 offices all around the country, we're

1 organizational type chart that we found
2 in the documents that were produced by
3 Teva in this lawsuit.
4 And on the first page, you
5 can see it's talking about marketing
6 department. And I want to direct your
7 attention, it looks like there's one
8 department called, Oncology marketing.
9 Do you see that?
10 A. Yes.
11 Q. Now, do you know what the
12 oncology marketing department was?
13 MS. HILLYER: This is part
14 of a larger document? Do you have
15 a time frame on this?
16 MR. CARTMELL: I didn't see
17 a date on this. So I don't know.
18 It wasn't on the document.
19 MS. HILLYER: Okay.
20 THE WITNESS: I'm not -- I'm
21 not sure, without knowing the
22 specific date.
23 Cephalon had a business unit
24 that was specifically dedicated to

1 focusing on Northern Ohio, and that would
2 be to what they would call detail doctors
3 about Actiq, for instance, and try to
4 promote or market their products to
5 doctors, correct?
6 A. Yes.
7 Q. At some point at Cephalon
8 there developed another marketing
9 department that I want to ask you about.
10 - - -
11 (Whereupon, Teva-Hassler
12 Exhibit-015,
13 TEVA_MDL_A_02383521-526, was
14 marked for identification.)
15 - - -
16 MR. CARTMELL: Exhibit-15
17 I'll hand you.
18 BY MR. CARTMELL:
19 Q. And I just have really quick
20 questions about this.
21 MS. HILLYER: Take your time
22 to look at the document.
23 BY MR. CARTMELL:
24 Q. This is another document or

1 oncology, but I don't know the
2 timing of this org chart versus
3 that BU development.
4 BY MR. CARTMELL:
5 Q. And I'll show you another
6 document in a minute that might ferret
7 that out, as far as dates.
8 But you say that Cephalon
9 had a business unit related to oncology.
10 Is that because they had a
11 pharmaceutical, a drug, that they were
12 selling or distributing related to
13 oncology?
14 A. Yes.
15 Q. What was that drug called,
16 do you know?
17 A. They've had several. I
18 would have to know the time period.
19 Q. Okay. But the opioid
20 medications that they were selling and
21 distributing that were indicated for
22 patients who had breakthrough pain with
23 cancer, those drugs, Actiq and Fentora,
24 were not a part of the oncology division,

1 correct?

2 A. Generally, no.

3 Q. Is there a -- is there a
4 caveat to no? You said "generally."

5 I'm just following up
6 because you said "generally." In what
7 respect were they a part of the oncology
8 department?

9 A. In my discussions with
10 Cephalon-background colleagues, they said
11 that they didn't have the oncology group,
12 at different time points for brief
13 periods, promote Actiq or Fentora, I
14 don't remember which, at different time
15 points.

16 But it was largely held out
17 as a separate, distinct pain care-focused
18 effort.

19 Q. Okay. Let me hand you
20 Exhibit-16.

21 - - -

22 (Whereupon, Teva-Hassler
23 Exhibit-016, TEVA_MDL_A_02383517,
24 was marked for identification.)

1 - - -

2 BY MR. CARTMELL:

3 Q. This is another --

4 MS. HILLYER: Are you done
5 with 14 and 15 or do you want him
6 to hold on to them?

7 MR. CARTMELL: I'm done with
8 them.

9 MS. HILLYER: Just trying to
10 make it clear for him.

11 MR. CARTMELL: Sure. No
12 problem.

13 BY MR. CARTMELL:

14 Q. I'm handing you Exhibit-16.
15 This is another organizational chart that
16 was produced by Teva in this litigation.
17 And this, we know, is dated, you'll see,
18 May 15th of 2006. You'll see that in the
19 upper left-hand corner.

20 This looks to have the
21 organizational structure of the U.S.
22 pharmaceutical operations. And then as
23 you said, it has separate -- this is at
24 Cephalon, and it had separate sales and

1 marketing departments. And then there's
2 an oncology department there.

3 I don't see any medications
4 or drugs listed in the oncology
5 department. Do you?

6 A. No.

7 Q. But under the marketing
8 department, there is a pain franchise.

9 And your understanding is
10 that's where they would market the Actiq
11 and later the Fentora, the opioids,
12 correct?

13 A. Yes.

14 Q. And then under the sales
15 here, there are the directors and the
16 regional directors. There is one that is
17 entitled Addiction -- excuse me, that's
18 titled, Addiction, director of addiction.
19 I'm trying to circle that. There you go.

20 Do you know what that refers
21 to? Did Cephalon have medications that
22 it was actually also selling for
23 drug-addicted patients?

24 MS. HILLYER: Is that

1 addiction or should it be
2 addition? Because the bottom one
3 says, Addition west.

4 MR. CARTMELL: You can
5 answer.

6 MS. HILLYER: I'm not asking
7 a question. Sorry.

8 Go ahead.

9 THE WITNESS: I'm not aware
10 that Cephalon had an addiction
11 medication that it sold.

12 BY MR. CARTMELL:

13 Q. Okay. All right. Thanks.

14 And then I want to now go
15 to, Mr. Hassler, I'll hand you
16 Exhibit-17, another organizational chart
17 that we received from Teva in this
18 lawsuit.

19 - - -

20 (Whereupon, Teva-Hassler
21 Exhibit-017, U.S. Pharmaceutical
22 Operations, was marked for
23 identification.)

24 - - -

1 BY MR. CARTMELL:
2 Q. And just a real quick
3 question.
4 MS. HILLYER: This is 17?
5 MR. CARTMELL: 17.
6 BY MR. CARTMELL:
7 Q. And you'll see here it's
8 still senior VP, U.S. pharmaceutical
9 operations at the top. And then we have
10 the sales on the left side.
11 It looks like -- who is the
12 actual director in charge of Ohio -- or,
13 excuse me, I'm talking about sales --
14 A. The regional manager?
15 Q. -- regional manager, yes.
16 A. Michael Moreale.
17 Q. Do you know him?
18 A. Yes.
19 Q. Did you talk to him in
20 preparation for this deposition?
21 A. No.
22 Q. And is he still at Teva now?
23 A. Last I knew, yes.
24 Q. And he would have been, as

1 Q. All would have been generic.
2 And did Teva have a sales
3 organization that would have been
4 responsible for the sales and -- well,
5 for the sales of the generic opioids
6 prior to 2011 when it bought Cephalon?
7 A. They had a sales
8 organization that was responsible for all
9 of the generic products. They didn't
10 have anything that was specific to
11 opioids.
12 Q. Explain how it would be, as
13 far as the sales team -- strike that.
14 Would there be a sales team,
15 though, in that department that was
16 dedicated to generic opioids that they
17 were selling?
18 A. There may have been opioids
19 as part of the generic portfolio that the
20 sales team would have been responsible
21 for selling, and they would predominantly
22 work with, depending on the sales
23 organization, wholesalers and
24 distributors or chain pharmacies or

1 regional manager, in charge of sales at
2 this time, in 2008, of Fentora and Actiq
3 at Cephalon for Ohio?
4 A. Yes. I don't believe that
5 they were -- he would have been
6 responsible for pain care sales at this
7 point in time. I don't believe that they
8 were selling Actiq any longer. I believe
9 that they were promoting --
10 Q. Fentora?
11 A. -- Fentora.
12 And I believe Amrix may have
13 been on at this point as well.
14 Q. Now, we haven't talked yet
15 about Teva's organizational structure
16 prior to 2011. And I think you have
17 mentioned previously, though, that Teva
18 USA was selling and distributing Class II
19 opioids prior to 2011, correct?
20 A. Yes.
21 Q. And they were all generic
22 opioids, or were some of them brand name
23 as well, prior to 2011?
24 A. All would have been generic.

1 hospital buying groups or hospitals.
2 Q. But was there one person or
3 a group of people, prior to 2011, that
4 their expertise would include the sales
5 of the opioids, the generic opioids that
6 Teva was selling?
7 MS. HILLYER: Objection to
8 form.
9 THE WITNESS: Not that I'm
10 aware of. I'm not aware that they
11 ever -- the generic group ever did
12 anything that was unique to
13 opioids versus the way that they
14 announced and sold all of the
15 other generics, aside from just
16 the DEA management criteria that
17 was required.
18 BY MR. CARTMELL:
19 Q. And there was a DEA
20 management requirement, and FDA
21 requirement as well, related to your sale
22 at Teva of generic opioids, correct?
23 MS. HILLYER: Objection.
24 Beyond the scope.

<p style="text-align: right;">Page 217</p> <p>1 You can answer.</p> <p>2 THE WITNESS: Can you be</p> <p>3 more specific?</p> <p>4 BY MR. CARTMELL:</p> <p>5 Q. Well, you just mentioned a</p> <p>6 DEA requirement.</p> <p>7 A. Right.</p> <p>8 Q. And that applied to the</p> <p>9 generic opioids that Teva was selling,</p> <p>10 correct?</p> <p>11 A. Yes.</p> <p>12 Q. At all times, right?</p> <p>13 A. Yes.</p> <p>14 Q. And do you think that Teva</p> <p>15 first started selling generic opioids</p> <p>16 prior -- let me strike that.</p> <p>17 When do you think Teva first</p> <p>18 started selling generic opioids?</p> <p>19 MS. HILLYER: Objection.</p> <p>20 Asked and answered.</p> <p>21 THE WITNESS: With the</p> <p>22 acquisition of Ivax.</p> <p>23 BY MR. CARTMELL:</p> <p>24 Q. In 2006?</p>	<p style="text-align: right;">Page 218</p> <p>1 A. Let me go back and look.</p> <p>2 Yes.</p> <p>3 Q. So from 2006 all the way</p> <p>4 until today, they have continued to sell</p> <p>5 generic opioids, correct, Teva has?</p> <p>6 A. I believe so, yes. Yes.</p> <p>7 Q. And during some of the</p> <p>8 period of time, and I guess up until</p> <p>9 today, they have sold branded opioids as</p> <p>10 well, correct?</p> <p>11 A. With the acquisition of</p> <p>12 Cephalon in '11, they've sold branded</p> <p>13 opioids, correct.</p> <p>14 Q. And so at all times from</p> <p>15 2006 until now, because they are selling</p> <p>16 opioids, whether generic or branded, they</p> <p>17 have had a requirement from federal</p> <p>18 statutes that say they have to have a</p> <p>19 structure set up to monitor the sale and</p> <p>20 distribution of those, correct?</p> <p>21 MS. HILLYER: Objection to</p> <p>22 the extent it calls for a legal</p> <p>23 conclusion, and to the extent it's</p> <p>24 beyond the scope. He can answer.</p>
<p style="text-align: right;">Page 219</p> <p>1 You can answer.</p> <p>2 THE WITNESS: Yes, they have</p> <p>3 to have suspicious order</p> <p>4 monitoring programs in place and</p> <p>5 controls around how the opioids</p> <p>6 are stored and transported.</p> <p>7 BY MR. CARTMELL:</p> <p>8 Q. And what about any</p> <p>9 requirements or regulations related to</p> <p>10 the FDA for the sale of the opioids that</p> <p>11 they have been selling since 2006?</p> <p>12 MS. HILLYER: Objection.</p> <p>13 Beyond the scope. And vague as to</p> <p>14 what your question is about, the</p> <p>15 FDA.</p> <p>16 BY MR. CARTMELL:</p> <p>17 Q. Do you know of any FDA</p> <p>18 requirements that have applied to Teva</p> <p>19 since 2006?</p> <p>20 MS. HILLYER: Hold on.</p> <p>21 Objection. That's extremely broad</p> <p>22 and to the extent it calls for a</p> <p>23 legal conclusion and it's beyond</p> <p>24 the scope of any of today's</p>	<p style="text-align: right;">Page 220</p> <p>1 topics.</p> <p>2 But you can answer if you</p> <p>3 know in your personal capacity.</p> <p>4 THE WITNESS: Teva has had a</p> <p>5 risk management program, and most</p> <p>6 recently a TIRF REMS program that</p> <p>7 places constraints on the</p> <p>8 transmucosal immediate release</p> <p>9 fentanyl products that it has</p> <p>10 helped to develop and administers</p> <p>11 for -- that it helped develop, and</p> <p>12 a group administers that for all</p> <p>13 of the TIRF REMS products. That</p> <p>14 puts constraints on what</p> <p>15 physicians can write it, requires</p> <p>16 education of the physician, the</p> <p>17 pharmacist, the distributor and</p> <p>18 requires the patient to sign</p> <p>19 consent that they understand the</p> <p>20 risks that are associated with</p> <p>21 taking that medicine.</p> <p>22 BY MR. CARTMELL:</p> <p>23 Q. When did that TIRF REMS</p> <p>24 program start at Teva?</p>

1 MS. HILLYER: Objection.
2 Beyond the scope of today's
3 topics.

4 But you can answer if you
5 know.

6 THE WITNESS: In 2012.
7 BY MR. CARTMELL:

8 Q. And has continued since?

9 A. Yes.

10 Q. And you said a risk
11 management program related to the opioids
12 it was selling?

13 A. Yes. For those specific
14 opioids, they had risk map programs prior
15 to that.

16 Q. For which specific opioids
17 that Teva was selling?

18 A. For Actiq and Fentora.

19 Q. And Teva, when they acquired
20 Cephalon, continued those programs?

21 A. Yes.

22 Q. And started the TIRF REMS in
23 2012, correct?

24 A. Yes.

1 Q. A year after the purchase,
2 basically?

3 A. Yes. That's when the FDA
4 had basically approved the program for
5 all of the entities.

6 Q. And these programs that were
7 being run, what department were they run
8 out of?

9 MS. HILLYER: Objection.
10 Beyond the scope of today's
11 topics.

12 You can answer if you know.

13 THE WITNESS: I don't know.

14 BY MR. CARTMELL:

15 Q. Was it in the sales or
16 marketing departments?

17 A. Initially, I know that the
18 marketing department was involved in
19 supporting the cost of developing the
20 program. I believe that medical and
21 regulatory are engaged in the program
22 itself and the evaluation and management
23 of that program. But I don't know the
24 specific department within regulatory and

1 medical. But that's where I believe it
2 resides.

3 Q. Medical affairs?

4 A. Yes.

5 Q. Going back to this sales
6 related to the generic opioid
7 medications, I understand you say that
8 there is no different or unusual
9 department set up specifically for that.

10 But just tell me how it is
11 that the opioids -- because I think you
12 testified previously that, you know,
13 there is sales activities related to the
14 generics, in other words, they might go
15 to pharmacies, they might go to
16 hospitals, they might go to other
17 customers related to sales of those
18 products, correct?

19 A. Yes.

20 Q. So tell me since -- and I
21 want to go pre-2011 with opioids, how
22 that would occur. I want the sales
23 structure for the generic opioids
24 pre-2011.

1 MS. HILLYER: I'm just going
2 to object to form, because I think
3 you just asked two questions. One
4 was how they do the sales, and one
5 was what is the structure of the
6 sales.

7 So the latter, I think, is
8 within scope and he's prepared to
9 testify. The former, I object to
10 being beyond the scope.

11 But you can answer those.

12 MR. CARTMELL: And I think
13 that's a good objection. I asked
14 two questions, and they were
15 different. But I meant the same
16 thing, frankly.

17 BY MR. CARTMELL:

18 Q. I'm really trying to just
19 figure out, you say there weren't sales
20 representatives, correct?

21 A. No, there are sales
22 representatives that call on the
23 distributors, the group purchasing
24 organizations, the chain pharmacies.

1 Q. Okay. And what you're
2 saying is they would -- each sales
3 representative isn't necessarily
4 designated to opioids, they would have a
5 whole portfolio of medications that were
6 generic that they were responsible for,
7 correct?

8 A. Yes.

9 Q. But there is a sales team,
10 and among that team for the generic
11 opioids pre-2011, they would go to
12 customers and sell the products, correct?

13 MS. HILLYER: Objection to
14 form.

15 You can answer.

16 THE WITNESS: They would,
17 yes. They would sell the opioid
18 products, just like they would
19 sell every other product within
20 their portfolio.

21 BY MR. CARTMELL:

22 Q. And I think you mentioned
23 previously that sometimes they might
24 offer a pharmacy a rebate on their

1 opioids and charge the pharmacy less than
2 actually the wholesalers would charge
3 them, correct?

4 MS. HILLYER: Objection to
5 the extent that mischaracterizes
6 the testimony and is beyond the
7 scope.

8 You can answer.

9 THE WITNESS: For all of the
10 generic products, they could go in
11 and offer pricing that may be
12 below what the wholesaler was
13 purchasing the product for and
14 that's what would trigger a
15 chargeback.

16 BY MR. CARTMELL:

17 Q. And I'm just talking about
18 opioids.

19 But that's true with
20 opioids, correct?

21 MS. HILLYER: Same
22 objection.

23 THE WITNESS: I don't know
24 that they were treated any

1 differently.

2 BY MR. CARTMELL:

3 Q. And what's the reason why
4 the sales representatives who were
5 selling opioids to a pharmacy might
6 charge less?

7 MS. HILLYER: Objection.
8 Beyond the scope.

9 You can answer if you know
10 in your personal capacity.

11 THE WITNESS: If they
12 weren't -- in order to have that
13 pharmacy use Teva's product,
14 Teva's generic product and fill
15 with Teva's generic as opposed to
16 another company's generic, they
17 would have to offer pricing that
18 made that attractive for that
19 pharmacy.

20 BY MR. CARTMELL:

21 Q. Right. So it's a sales call
22 to a pharmacy, for example, where they
23 say, we'll give you a better price if you
24 choose our product, for example, correct?

1 MS. HILLYER: Objection to
2 form. And beyond the scope of
3 today's topics.

4 You can answer if you know
5 in your personal capacity.

6 THE WITNESS: That's
7 consistent with my understanding.

8 BY MR. CARTMELL:

9 Q. And so we know that
10 pharmacists, when they get a prescription
11 for an opioid, right, they, with
12 automatic substitution, even if the
13 prescription is for the brand name, they
14 are, in most states, 100 percent of the
15 time going to prescribe an opioid that is
16 generic, correct?

17 MS. HILLYER: Objection to
18 form. Assumes facts not in
19 evidence and beyond the scope of
20 today's topics.

21 You can answer if you know
22 in your personal capacity.

23 THE WITNESS: When a product
24 is AB-rated and the pharmacist

1 gets a script for it, they choose
 2 what manufacturer's product to
 3 fill that aligns with that script.
 4 BY MR. CARTMELL:
 5 Q. So you want the pharmacists
 6 all over the country to choose your
 7 generic opioid, and that's why you might
 8 give them a price reduction to make it
 9 attractive for them to choose your
 10 opioid, correct?
 11 MS. HILLYER: Objection.
 12 Asked and answered. And beyond
 13 the scope of today's topics.
 14 You can answer if you know
 15 in your personal capacity.
 16 THE WITNESS: For any of the
 17 areas that Teva has generic
 18 products, they would want to try
 19 to gain a certain share position
 20 of those products, assuming they
 21 have the capacity to be able to
 22 fulfill that.
 23 So I don't know if I'm
 24 answering your question.

1 And that's on Page 3 of
 2 Exhibit-1, that's the big document.
 3 MS. HILLYER: Hold on one
 4 second. Let me get there.
 5 BY MR. CARTMELL:
 6 Q. Do you see that?
 7 A. Yes.
 8 Q. So does this outline your
 9 understanding of the actual sales and
 10 marketing departments at Actavis at all
 11 times while they were selling generic
 12 opioids, even before the acquisition by
 13 Teva in 2016?
 14 MS. HILLYER: Are you
 15 looking at structure of time of
 16 Actavis acquisition or for the
 17 acquired Actavis entities?
 18 MR. CARTMELL: Well, I think
 19 up above structure of time is
 20 related to Teva and below is
 21 related to Actavis.
 22 MS. HILLYER: Sorry. Yep.
 23 MR. CARTMELL: That's all
 24 right.

1 BY MR. CARTMELL:
 2 Q. I don't think -- I'm not
 3 sure you are.
 4 But my question is simply,
 5 because Teva wants the pharmacist who
 6 gets to choose the opioid that they fill
 7 the prescription from the doctor with,
 8 they might give them a rebate or a more
 9 attractive price so the pharmacist
 10 chooses Teva generic opioids, correct?
 11 MS. HILLYER: Same
 12 objections.
 13 You can answer in your
 14 personal capacity if you know.
 15 THE WITNESS: They may offer
 16 better pricing to that pharmacist
 17 in order to get the pharmacist to
 18 choose Teva's medication over
 19 another one, that's true.
 20 BY MR. CARTMELL:
 21 Q. Now, in your answers to
 22 Number 4, you've also included the
 23 organizational structure for the Actavis
 24 entities, correct?

1 THE WITNESS: And your
 2 question?
 3 BY MR. CARTMELL:
 4 Q. My question was, this is a
 5 summary of your understanding, from
 6 talking to people and reading documents
 7 from the Actavis entities, about the
 8 structure of their sales and marketing
 9 before they were acquired by Teva in
 10 2016; is that correct?
 11 A. The structure at the time
 12 shows the integrated structure. So where
 13 it says -- the first black bullet point,
 14 that is at the time of the acquisition.
 15 So that would have been the integration
 16 of the two companies.
 17 Q. Did you go back in time and
 18 see what their structure of sales and
 19 marketing was?
 20 A. I did. I did speak with --
 21 yes, I did.
 22 Q. And what was that? Because
 23 I don't see it here, and maybe I'm
 24 missing it.

Page 233

1 A. It varied, depending on the
2 time period. But in general, the -- they
3 separated generics from branded.
4 And within the generics
5 group, they would have a product
6 management-type function, a customer
7 service type-function, a pricing and
8 contracting-type function, and an account
9 management-type function.
10 Q. Okay. And then Exhibit-5
11 you brought with you today, I want to
12 make sure I understand.
13 Was this the --
14 MS. HILLYER: Let us get it
15 out first for a second, sorry.
16 BY MR. CARTMELL:
17 Q. Exhibit-5 that you brought
18 with you today that includes, I think
19 it's three or four pages of
20 organizational charts, this is Teva's
21 sales and marketing structure starting
22 when?
23 MS. HILLYER: Asked and
24 answered.

Page 235

1 THE WITNESS: I have not
2 read that.
3 BY MR. CARTMELL:
4 Q. Has Teva done any reduction
5 of its sales force or changes,
6 substantial changes like that, related to
7 opioid sales since 2016?
8 MS. HILLYER: Objection to
9 form. To the extent you're saying
10 like that, and he's testified he
11 doesn't know what the "that" is.
12 MR. CARTMELL: I mentioned
13 it in my question. It's the
14 reduction of the sales force.
15 MS. HILLYER: He's not aware
16 of what that means. There could
17 be lots of reasons to reduce a
18 sales force.
19 MR. CARTMELL: You can
20 answer.
21 THE WITNESS: I am not aware
22 of any reductions in the sales
23 force that are specific to
24 opioids.

Page 234

1 You can answer again.
2 THE WITNESS: This would
3 have been immediately following
4 the acquisition.
5 BY MR. CARTMELL:
6 Q. In 2016?
7 A. Yes.
8 Q. And has that continued like
9 this until today?
10 MS. HILLYER: Asked and
11 answered.
12 You can answer again.
13 THE WITNESS: No. There
14 have been changes, in terms of
15 people and positions.
16 BY MR. CARTMELL:
17 Q. Let me ask you, there's been
18 news about, for example, Purdue
19 decreasing their sales force related to
20 opioids.
21 Have you read that?
22 MS. HILLYER: Objection.
23 Beyond the scope.
24 You can answer.

Page 236

1 We don't -- we don't have
2 any sales force opioid promotion,
3 since that ended in 2015. And
4 that would have been only for the
5 branded products.
6 BY MR. CARTMELL:
7 Q. The second part of Question
8 Number 4, you'll recall, asked
9 specifically about whether or not sales
10 or marketing positions are based, in
11 whole or in part, on levels of sales of
12 controlled substances or opioids.
13 Do you see that?
14 MS. HILLYER: Topic 4.
15 THE WITNESS: Yes, I see
16 that.
17 BY MR. CARTMELL:
18 Q. And so tell me if you're
19 with me, but this is talking about, for
20 example, lots of times pharmaceutical
21 companies will -- I take it you know --
22 will provide incentive pay or bonus pay
23 to sales representatives or managers or
24 directors based on whether or not they

1 sell a quota or meet a goal of the amount
 2 to be sold.
 3 Are you familiar with that?
 4 A. I am.
 5 Q. Okay. And so you, I take it
 6 in preparation for today, went back in
 7 time and reviewed documents and talked to
 8 Cephalon employees from back to 2000 when
 9 they started selling -- when Cephalon
 10 started selling Actiq, the branded
 11 fentanyl controlled substance, until 2011
 12 when your company, Teva, purchased
 13 Cephalon?
 14 I take it you looked back to
 15 see about their compensation plans during
 16 that time and whether or not there was a
 17 bonus system?
 18 MS. HILLYER: Objection to
 19 form.
 20 You can answer.
 21 THE WITNESS: Yes.
 22 BY MR. CARTMELL:
 23 Q. And, first of all, let me
 24 ask, is it fair to say, based on your

1 review of their documents and talking to
 2 sales and marketing employees from
 3 Cephalon, that at all times from 2000
 4 until 2011 Cephalon had a bonus or
 5 incentive program for its sales
 6 representatives based on how much of the
 7 opioid controlled substances they sold?
 8 MS. HILLYER: Objection to
 9 form.
 10 You can answer.
 11 THE WITNESS: That was
 12 always a component of the program.
 13 BY MR. CARTMELL:
 14 Q. Okay. And the same was
 15 true, I take it you know, based on your
 16 review of documents and talking to
 17 Cephalon employees, that the managers or
 18 product directors above the sales reps
 19 always, from 2000 to 2011, had as a
 20 component of their pay the amount of
 21 opioids that were sold?
 22 MS. HILLYER: Objection to
 23 form. It assumes facts not in
 24 evidence.

1 THE WITNESS: The sales
 2 directors, not the product
 3 directors.
 4 BY MR. CARTMELL:
 5 Q. Okay. Sales directors were
 6 in the sales department, correct?
 7 A. Yes, yes. I just wanted to
 8 clarify the question.
 9 Q. I got it.
 10 Product directors are in the
 11 marketing department, right?
 12 A. Yes.
 13 Q. But in the sales department,
 14 at all levels, and I think there were
 15 three, at all times from 2000 to 2011,
 16 they had a bonus or incentive program in
 17 place that they would make more money if
 18 they sold more opioids, correct?
 19 MS. HILLYER: Sorry. You're
 20 saying "they." Sales directors?
 21 MR. CARTMELL: I'm talking
 22 about the sales representatives --
 23 MS. HILLYER: The prior
 24 question you didn't.

1 MR. CARTMELL: -- and the
 2 directors and the managers.
 3 BY MR. CARTMELL:
 4 Q. Correct?
 5 A. Yes. The specific quotas.
 6 And to the extent that they met or
 7 exceeded their quota, they would make
 8 more or less money.
 9 Q. And this is kind of common
 10 knowledge or basic, but would you agree
 11 with me that a system like that for
 12 controlled substances incentivizes those
 13 salespeople to try to sell as much of the
 14 opioid controlled substances as possible?
 15 MS. HILLYER: Objection to
 16 form. And beyond the scope.
 17 THE WITNESS: No. I
 18 wouldn't agree with that.
 19 Based on what I've read and
 20 the people that I've talked to,
 21 there was a diligent effort on
 22 behalf of the company and those
 23 that I spoke with to make sure
 24 that the right patients, the

<p style="text-align: right;">Page 241</p> <p>1 appropriate patients, were getting</p> <p>2 these drugs, not all patients.</p> <p>3 BY MR. CARTMELL:</p> <p>4 Q. Are you talking about at all</p> <p>5 times during 2000 to 2011?</p> <p>6 A. I know that there was a</p> <p>7 period of time in 2001 that Cephalon had</p> <p>8 admitted to off-label promotion on some</p> <p>9 of their brands. And following that,</p> <p>10 there was significant effort on behalf of</p> <p>11 the organization to make sure that reps</p> <p>12 promoted on label.</p> <p>13 Q. Right. They actually were</p> <p>14 fined \$425 million for off-label</p> <p>15 marketing, correct?</p> <p>16 MS. HILLYER: Objection.</p> <p>17 Beyond the scope of today's</p> <p>18 topics.</p> <p>19 You can answer if you know</p> <p>20 in your personal capacity.</p> <p>21 THE WITNESS: Yes.</p> <p>22 BY MR. CARTMELL:</p> <p>23 Q. And they also pled guilty to</p> <p>24 a charge of off-label and illegal</p>	<p style="text-align: right;">Page 242</p> <p>1 marketing, correct?</p> <p>2 MS. HILLYER: Objection.</p> <p>3 Assumes facts not in evidence.</p> <p>4 And beyond the scope of today's</p> <p>5 topics.</p> <p>6 You can answer if you know</p> <p>7 in your personal capacity.</p> <p>8 THE WITNESS: They did plead</p> <p>9 guilty to a charge. I'd have to</p> <p>10 look at the document for the</p> <p>11 specific charge.</p> <p>12 BY MR. CARTMELL:</p> <p>13 Q. Let's now talk about Teva's</p> <p>14 compensation system and whether or not,</p> <p>15 when Teva was selling opioid generic</p> <p>16 medications, 2011, did they have, as a</p> <p>17 part of the compensation system for their</p> <p>18 sales representatives, the amount of</p> <p>19 opioids or controlled substance, generic</p> <p>20 controlled substance being sold?</p> <p>21 A. Nothing that was specific to</p> <p>22 opioids.</p> <p>23 Q. And I understand you said</p> <p>24 that in this document, you said nothing</p>
<p style="text-align: right;">Page 243</p> <p>1 specific to it.</p> <p>2 But is it a component of it,</p> <p>3 in other words, the amount of opioids</p> <p>4 being sold?</p> <p>5 A. The overall sales of the</p> <p>6 company was what I understand they were</p> <p>7 compensated on.</p> <p>8 Q. And the individual sales</p> <p>9 overall for all products, too, correct?</p> <p>10 MS. HILLYER: Objection to</p> <p>11 form.</p> <p>12 THE WITNESS: I don't</p> <p>13 understand the distinction.</p> <p>14 BY MR. CARTMELL:</p> <p>15 Q. Well, I think what you've</p> <p>16 said is that for an individual in the</p> <p>17 sales department, you would look as a</p> <p>18 component, first of all, at the overall</p> <p>19 sales of the company, right?</p> <p>20 A. Yes.</p> <p>21 Q. And then you would look</p> <p>22 individually, too, at the individual's</p> <p>23 performance, correct?</p> <p>24 A. And what they were</p>	<p style="text-align: right;">Page 244</p> <p>1 accountable for selling that year.</p> <p>2 Q. And that would include, if</p> <p>3 they had as a part of their portfolio,</p> <p>4 opioids, correct?</p> <p>5 MS. HILLYER: And now you're</p> <p>6 talking about sales for generic or</p> <p>7 brand? You're still on generic?</p> <p>8 MR. CARTMELL: He can</p> <p>9 answer. If you have an objection,</p> <p>10 make it.</p> <p>11 MS. HILLYER: I was just</p> <p>12 trying to get clear, okay.</p> <p>13 THE WITNESS: I want to</p> <p>14 look.</p> <p>15 What topic was this?</p> <p>16 MS. HILLYER: He's still on</p> <p>17 4.</p> <p>18 BY MR. CARTMELL:</p> <p>19 Q. This is Topic 4, the second</p> <p>20 half of the question.</p> <p>21 MS. HILLYER: It continues</p> <p>22 onto the next page, too.</p> <p>23 THE WITNESS: I know that</p> <p>24 they were compensated on the</p>

<p style="text-align: right;">Page 245</p> <p>1 overall performance of the company</p> <p>2 sales. What I'm trying to recall</p> <p>3 is whether they had any component</p> <p>4 of their compensation based on</p> <p>5 their individual performance.</p> <p>6 BY MR. CARTMELL:</p> <p>7 Q. If you would, Mr. Hassler,</p> <p>8 go to Page 4 under your notes, the second</p> <p>9 bullet point at the top.</p> <p>10 A. Yes.</p> <p>11 Q. You're talking about Teva, I</p> <p>12 believe. Tell me if I'm wrong.</p> <p>13 But you say specifically,</p> <p>14 Compensation was based in part on the</p> <p>15 company's performance and in part on an</p> <p>16 individual's performance based on</p> <p>17 performance goals set by individual</p> <p>18 managers.</p> <p>19 Do you see that?</p> <p>20 A. Yes.</p> <p>21 Q. So my question is that for</p> <p>22 the generic sales or the brand opioid</p> <p>23 sales at Teva, at all times they had, as</p> <p>24 a component of their compensation, the</p>	<p style="text-align: right;">Page 246</p> <p>1 amount of sales of opioids, correct?</p> <p>2 MS. HILLYER: Objection to</p> <p>3 form.</p> <p>4 THE WITNESS: They would</p> <p>5 have had all of sales, all of</p> <p>6 Teva's sales incorporated.</p> <p>7 Opioids would have been a subpart</p> <p>8 of those sales.</p> <p>9 And then they would have had</p> <p>10 individual performance objectives.</p> <p>11 And these, typically, were</p> <p>12 referred to as management by</p> <p>13 objectives, and they may be</p> <p>14 specific administration goals or</p> <p>15 customer contact goals.</p> <p>16 I don't recall seeing any</p> <p>17 goals that were specific on the</p> <p>18 generic side to a subset of sales</p> <p>19 goal.</p> <p>20 BY MR. CARTMELL:</p> <p>21 Q. No, I understand.</p> <p>22 But because the equation</p> <p>23 includes their entire sales for all of</p> <p>24 their generics, and opioids is a part of</p>
<p style="text-align: right;">Page 247</p> <p>1 that, it is one component -- the sales of</p> <p>2 opioids is one component of whether or</p> <p>3 not they're compensated, or how they're</p> <p>4 compensated, correct?</p> <p>5 MS. HILLYER: Objection to</p> <p>6 form.</p> <p>7 THE WITNESS: Yes, it would</p> <p>8 have been a piece of that overall</p> <p>9 compensation.</p> <p>10 BY MR. CARTMELL:</p> <p>11 Q. And is the same true, based</p> <p>12 on you going back in time and looking at</p> <p>13 Actavis's compensation plans, related to</p> <p>14 the sales of opioids?</p> <p>15 A. Yes. That's what I've been</p> <p>16 told.</p> <p>17 Q. In other words, even at</p> <p>18 Actavis, at all times for their</p> <p>19 salespeople, their compensation included,</p> <p>20 as an element, the amount of controlled</p> <p>21 substances or opioids they were selling,</p> <p>22 correct?</p> <p>23 MS. HILLYER: Objection to</p> <p>24 form.</p>	<p style="text-align: right;">Page 248</p> <p>1 THE WITNESS: They were</p> <p>2 compensated on overall sales as</p> <p>3 well, to the extent that opioids</p> <p>4 were a part of that.</p> <p>5 MR. CARTMELL: I want to</p> <p>6 move on now to Topic 6.</p> <p>7 MS. HILLYER: Want to take a</p> <p>8 quick break? We've been going an</p> <p>9 hour.</p> <p>10 MR. CARTMELL: Sure.</p> <p>11 VIDEO TECHNICIAN: Going off</p> <p>12 record. 3:34 p.m.</p> <p>13 - - -</p> <p>14 (Whereupon, a brief recess</p> <p>15 was taken.)</p> <p>16 - - -</p> <p>17 VIDEO TECHNICIAN: Back on</p> <p>18 the record. The time is 3:45.</p> <p>19 BY MR. CARTMELL:</p> <p>20 Q. Mr. Hassler, we're back on</p> <p>21 the record.</p> <p>22 Are you ready to proceed?</p> <p>23 A. Yes.</p> <p>24 Q. I want to move on to another</p>

1 topic that you've been designated by
2 Cephalon and Teva and Actavis to testify
3 about. And it's Topic 6, which I'll
4 read. It's right here.

5 The identity of all sales,
6 marketing, advertising and promotional
7 materials and websites you used to market
8 or promote opioids or opioid products,
9 including the location and manner of
10 identifying final versions of such
11 materials and the manner of identifying
12 the dates, venues and geographic
13 locations in which they were used. Such
14 materials include detail pieces,
15 promotional items, leave-behinds, patient
16 starter kits, patient materials, patient
17 pain monitoring materials/devices,
18 e-newsletters, medical communications,
19 for example, responses to doctor
20 questions, journal and other ads, CME
21 materials, speakers program materials,
22 website content, web casts and pod casts,
23 videos, including for use in websites,
24 CMEs, speaker programs, conventions,

1 topic?
2 A. Yes. I would have seen the
3 promotional materials for Fentora during
4 the time that I was managing that brand.

5 Q. At Teva?

6 A. At Teva.

7 Q. But as far as Cephalon, you
8 didn't have any experience with any of
9 their promotional materials, correct?

10 A. That's correct.

11 Q. And same is true with
12 Actavis; is that right?

13 A. Yes.

14 MS. HILLYER: Objection to
15 form.

16 BY MR. CARTMELL:

17 Q. So for your knowledge in
18 that respect, you had to go talk to
19 people who had that expertise, correct?

20 A. Yes. I talked to people
21 that worked in those areas and developed
22 some of those materials, as well as read
23 the policies on how they were to be
24 developed.

1 convention materials, journal wraps,
2 audio files, including on-demand audio
3 case studies.

4 Do you see that?

5 A. I do.

6 Q. And do you feel like you
7 have the expertise and knowledge to bind
8 these companies with your testimony on
9 that subject?

10 A. Yes.

11 Q. Now, did you -- tell me what
12 you reviewed to prepare for this topic.

13 A. I reviewed several marketing
14 pieces, sales training pieces,
15 presentations that were provided, as well
16 as a number of policies that related to
17 the funding of some of the activities
18 that you mentioned, as well as the
19 development of materials through these
20 various channels.

21 Q. Okay. Did you have any
22 experience with any of those materials,
23 prior to being designated in this lawsuit
24 as the person with knowledge about this

1 Q. Okay. And, again, you have
2 provided today some notes to us related
3 to your answer to this topic, or your
4 testimony to this topic.

5 And, again, this was
6 prepared by counsel for you, correct?

7 A. Yes. I had asked them for
8 this.

9 Q. And I want to follow-up on
10 this. This is the section where you give
11 your notes on this topic.

12 And I think a good way to
13 organize your answer on this is, again,
14 by talking about the time when Cephalon
15 was marketing and promoting their Class
16 II opioids called Actiq and then
17 subsequently Fentora.

18 I want to talk about that
19 first, okay?

20 A. Yes.

21 Q. And going back to 2000, did
22 you -- were you able to locate for us and
23 identify all of those sales and marketing
24 materials that they used at Cephalon to

1 market Actiq and Fentora?
 2 MS. HILLYER: Just an
 3 objection on the record that we
 4 objected to this topic, to the
 5 extent it requires a witness to
 6 testify regarding the identity of
 7 all sales, marketing, advertising
 8 and promotional materials and
 9 websites, which is impracticable.
 10 And that we agreed to put forth a
 11 witness to testify generally about
 12 sales, marketing, advertising and
 13 promotional materials and websites
 14 generally.
 15 MR. CARTMELL: Well, let me
 16 follow-up on that.
 17 BY MR. CARTMELL:
 18 Q. Mr. Hassler, did you attempt
 19 to try to identify all those materials at
 20 Cephalon?
 21 MS. HILLYER: Same
 22 objection.
 23 THE WITNESS: Yes. We
 24 went -- we went back through their

1 Cephalon owned?
 2 MS. HILLYER: Objection.
 3 Beyond the scope.
 4 THE WITNESS: It was a
 5 database they used. I don't know
 6 if they owned it.
 7 BY MR. CARTMELL:
 8 Q. But it was used at Cephalon
 9 starting in 2009; and then with the
 10 acquisition by Teva in 2011, it was
 11 transferred to Teva and continued
 12 thereafter until 2013?
 13 MS. HILLYER: Objection to
 14 form.
 15 BY MR. CARTMELL:
 16 Q. Is that right?
 17 A. They continued to use that
 18 database for a period of time while they
 19 were integrated with Teva.
 20 So they had their own copy
 21 approval to track the copy submission,
 22 route it and house finished materials.
 23 Q. So is your understanding
 24 that the ZINC database is only going to

1 VIVA system, which would identify
 2 materials from 2014 to the
 3 present, and their ZINC system to
 4 be able to identify materials from
 5 2009 to 2013, and had requested
 6 whether there were any materials
 7 that we could identify from files,
 8 physical hardcopy files, for
 9 anything prior to that.
 10 BY MR. CARTMELL:
 11 Q. Okay. So let's break that
 12 down.
 13 You're saying that there's a
 14 database that started in 2009 to
 15 warehouse all of these sales and
 16 promotional and marketing and advertising
 17 materials that are identified in this
 18 topic; is that right?
 19 A. Yes.
 20 Q. And that started in 2009 and
 21 it's called the ZINC database; is that
 22 right?
 23 A. Yes.
 24 Q. Was that a database that

1 provide us with promotional advertising
 2 and sales and marketing materials for the
 3 time period 2009 to 2013?
 4 A. Yes.
 5 Q. So what about all of the
 6 promotional advertising, sales, marketing
 7 materials that Cephalon created and used
 8 to promote their opioids prior to 2009,
 9 where are those?
 10 A. For that, we had to go back
 11 and ask individuals that worked in those
 12 areas for documents from their physical
 13 files and made our best effort to pull as
 14 many of those documents as existed.
 15 Q. How many of those documents
 16 did you pull from 2000 to 2009 that were
 17 the promotional, advertising, sales,
 18 marketing materials related to Actiq and
 19 Fentora?
 20 MS. HILLYER: Objection to
 21 the form. That's beyond the scope
 22 of what the -- what counsel did to
 23 produce documents in this case.
 24 You can ask him what he

1 reviewed, perhaps that's a better
 2 question. But --
 3 MR. CARTMELL: She makes a
 4 good point.
 5 BY MR. CARTMELL:
 6 Q. Did you not go look for any
 7 of them, you relied on counsel to do
 8 that?
 9 A. I relied on counsel to work
 10 with employees that -- who had been at
 11 Cephalon.
 12 Q. So you didn't do any
 13 independent investigation to see that you
 14 were finding all that you could, as far
 15 as sales and marketing and promotional
 16 and advertising materials, related to
 17 Actiq and Fentora before 2009, correct?
 18 MS. HILLYER: Objection to
 19 form.
 20 THE WITNESS: I've validated
 21 with the people that I talked to
 22 that they were providing all of
 23 the information that we had.
 24 BY MR. CARTMELL:

1 Q. Just produced in the general
 2 production that came from Teva?
 3 A. Yes.
 4 Q. So you didn't look, or
 5 counsel didn't look to try to archive
 6 those or warehouse those or identify
 7 those individually; is that correct?
 8 MS. HILLYER: Objection to
 9 form. He's not here to testify as
 10 to what counsel did. He can
 11 testify in response to the topic.
 12 What counsel did is not responsive
 13 to the topic.
 14 MR. CARTMELL: Well, the
 15 topic is the identity of all those
 16 things. And I'm asking why we
 17 don't get any testimony about
 18 where things are from 2000 to
 19 2009.
 20 MS. HILLYER: He testified
 21 where they were. He testified
 22 that they came from people. He
 23 testified that they went back and
 24 looked for them in hardcopy. He

1 Q. Well, you said we pulled as
 2 many of those materials from 2000 to 2009
 3 as possible, correct?
 4 A. Yes.
 5 Q. Where are they?
 6 MS. HILLYER: Objection to
 7 the extent that's beyond the
 8 scope.
 9 MR. CARTMELL: Well, I've
 10 asked for the identity of them.
 11 MS. HILLYER: He's -- you
 12 can answer if you know.
 13 We've said we're not -- he's
 14 not going to be prepared to
 15 testify as to the identity of
 16 every single piece of information.
 17 He can testify generally about the
 18 relevant materials.
 19 BY MR. CARTMELL:
 20 Q. Where are all the ones you
 21 pulled, when you say you pulled as many
 22 as you can? Where are they?
 23 A. My understanding is they
 24 would have been produced.

1 testified that they were produced
 2 in this litigation.
 3 I don't know what else you
 4 want for identification. We said
 5 we're not going to identify every
 6 single piece.
 7 BY MR. CARTMELL:
 8 Q. So is your testimony that we
 9 just need to do searches to try to find
 10 those from 2000 to 2009? Those nine
 11 years, for all the promotional,
 12 marketing, sales, advertising materials,
 13 they haven't been archived, as far as you
 14 know, or they're not in any databases or
 15 they're not in any specific Bates ranges,
 16 your testimony is simply that they're out
 17 there, you haven't seen them or put them
 18 anywhere for us to identify; is that
 19 fair?
 20 MS. HILLYER: Objection to
 21 form. That is not fair. And it's
 22 beyond the scope.
 23 He's not here to do your
 24 work for you, to identify the

Page 261

1 Bates ranges. You want that, you
2 can ask counsel. Sometimes we've
3 been doing that. You have the
4 documents.

5 We understood, and I believe
6 the witness understands, this
7 topic to ask about the identity of
8 these materials as to where they
9 may or may not be housed within
10 the company. What happens in this
11 litigation is not part of the
12 scope of what happened -- the
13 responsiveness to this topic.

14 If you want to ask him about
15 where they are housed in the
16 company and how they are
17 maintained, that's responsive to
18 the topic. If you want to ask a
19 question about what documents were
20 produced in this case, that's
21 between counsel.

22 BY MR. CARTMELL:

23 Q. Let's start with all of the
24 Fentora and Actiq sales, marketing,

Page 262

1 advertising, and promotional materials.
2 Where are those documents
3 located from 2000 to 2009?

4 MS. HILLYER: Asked and
5 answered.

6 You can answer again.

7 THE WITNESS: To the extent
8 that they exist, they would be in
9 individual employee files who were
10 engaged in the PDRC process.

11 BY MR. CARTMELL:

12 Q. Can you tell us the identity
13 of people's -- or the identity of people
14 whose files we should look, during 2000
15 and 2009, for all of this promotional
16 advertising and sales information for
17 Actiq and Fentora?

18 A. People that I spoke with who
19 would have been engaged in that activity
20 during that time period would have been
21 Paula Williams and Matt Day.

22 Q. Any other names of people we
23 should look in their files to find these
24 promotional sales, advertising and

Page 263

1 marketing materials related to Fentora
2 and Actiq from 2000 to 2009?

3 A. I'm not aware of anybody
4 else still with the company.

5 Q. Do you know if they were
6 warehoused anywhere within the company?

7 A. I don't.

8 Q. How do we identify them? In
9 other words, is there a way that we can
10 identify them when we go looking?

11 MS. HILLYER: Objection to
12 form.

13 THE WITNESS: They would
14 have a copy approval number on
15 them that would have been assigned
16 to each piece that went through
17 the PDRC process.

18 BY MR. CARTMELL:

19 Q. Okay. So is there any
20 indication of what those numbers might be
21 that you can tell us to look for?

22 A. No, I don't know the
23 numbering sequence.

24 Q. Is there any specific

Page 264

1 document with a title that we should
2 search for to find those types of
3 documents that are being sent through the
4 PDRC?

5 MS. HILLYER: Objection to
6 form.

7 THE WITNESS: To my
8 knowledge, we have searched for
9 all of them that we can find and
10 they have been produced. I don't
11 know that we know of any other
12 places to look.

13 BY MR. CARTMELL:

14 Q. Were they produced in a
15 certain file, do you know?

16 MS. HILLYER: Objection.
17 Beyond the scope.

18 THE WITNESS: I would have
19 to defer that to the attorneys. I
20 don't know how they produced it.

21 BY MR. CARTMELL:

22 Q. But as far as whether you
23 were able to identify, individually,
24 documents during that period of time, you

1 didn't do anything to identify documents,
2 you relied on counsel to do that,
3 correct?

4 A. I relied on counsel and
5 discussions with the people that I
6 mentioned.

7 Q. Now, your response states,
8 as you mentioned, that from 2009 to 2013,
9 ZINC will have all of the promotional
10 sales, advertising and marketing
11 materials for the promotion of the opioid
12 products; is that correct?

13 A. For Cephalon's products,
14 yes.

15 Q. What about from 2011 to
16 2013, I believe Teva was selling those
17 products, the branded products, meaning
18 Fentora and Actiq.

19 So will ZINC have all of
20 Teva's promotional, advertising, sales
21 and marketing documents in there, or is
22 it just Cephalon?

23 A. I'm not aware of any
24 documents that Teva would have produced,

1 is they don't exist, correct?

2 A. To my knowledge, yes.

3 Q. Okay. And then VIVA came
4 into play in 2014 through the present; is
5 that correct?

6 A. Yes.

7 Q. And VIVA, tell us what kind
8 of database that is and what it houses.

9 A. In this case, it's the
10 promotional materials database. And it
11 houses the copy submission, it routes
12 those submissions through the approvers,
13 and it maintains a copy of the approved
14 copy that then is produced and
15 distributed.

16 Q. And in VIVA, are there
17 promotional sales and advertising and
18 sales materials that were created by
19 Teva?

20 A. Yes.

21 Q. For opioids?

22 A. Yes.

23 Q. Okay. So why is it that
24 Teva wasn't creating promotional sales,

1 any promotional documents that they would
2 have produced during that time period.

3 Q. You mean marketing documents
4 during that time period?

5 A. Those would have been
6 produced by Cephalon.

7 Q. Okay. Just so it's clear
8 for the record, I want to make sure we
9 have it down.

10 Your understanding, based on
11 your review of documents, conversations
12 with people and your investigation of
13 this topic is that after Teva acquired
14 Cephalon, Teva didn't create any
15 advertising, sales, marketing or
16 promotional materials for Actiq or
17 Fentora, correct?

18 MS. HILLYER: Objection to
19 form.

20 THE WITNESS: I have not
21 seen any that Teva would have
22 created.

23 BY MR. CARTMELL:

24 Q. Okay. So your understanding

1 marketing, advertising materials from
2 2011 to 2013, but they did from '14 to
3 present?

4 A. The management structure
5 fell under a CNS business unit that
6 included people that had come from
7 Cephalon, as well as people that were
8 from Teva.

9 The promotion for the
10 Fentora at that point in time would have
11 been developed through a common platform
12 that was developed for both
13 organizations. And that was VIVA. And
14 that's what was -- that's how the
15 submissions were made and how the
16 material was routed.

17 The individuals that were
18 approving that may have still been the
19 Cephalon legacy people.

20 Q. But they were Teva
21 employees?

22 A. That's what I don't know, if
23 they were -- in some capacity they were,
24 but they may have actually been employed

1 by the Cephalon entity.

2 So that's why I'm having
3 trouble answering your question.

4 Q. Okay. At any rate, what
5 you're saying is that we've got two
6 databases, starting in 2009 through '13,
7 and then another one starting in '14,
8 that should have all the materials we're
9 asking about in this question for those
10 years, correct?

11 A. Yes.

12 Q. Is there a year gap? In
13 other words, ZINC ends in '13 and VIVA
14 doesn't start until '14?

15 A. No. Teva debated adopting
16 ZINC as the platform and chose to go with
17 VIVA instead. So everything migrated
18 over to VIVA at the same point in time.

19 Q. So will VIVA actually have
20 the things back to 2009, or they just
21 started when --

22 A. No.

23 Q. Okay. I got you.
24 I'm going to hand you

1 Exhibit-18, which is, I think, a printout
2 from VIVA, which your testimony is --
3 started at 2014 at Teva.

4 - - -

5 (Whereupon, Teva-Hassler
6 Exhibit-018, TEVA_MDL_A_01130623,
7 was marked for identification.)
8 - - -

9 BY MR. CARTMELL:

10 Q. It has promotional,
11 advertising, sales and marketing
12 materials for the opioids; is that
13 correct?

14 A. Yes.

15 Q. Can you tell me, Mr.
16 Hassler, from looking through this, if
17 you look at the second page, for example,
18 you'll see the printout has a document
19 number and then it has a product, right?

20 A. Yes.

21 Q. And then it actually has an
22 audience, either consumer or HCP, which
23 is healthcare provider, correct?

24 A. Yes.

1 Q. And it starts with a
2 document name, so it has a brief
3 description of what type of marketing or
4 sales or advertising piece this is,
5 correct?

6 A. That's correct.

7 Q. And this appears to be only
8 for branded products. In other words,
9 it's got Fentora or pain TA -- do you
10 know what pain TA is?

11 A. Therapeutic area.

12 Q. And then it's got Actiq.

13 Do you know if there's a
14 separate part of VIVA for branded versus
15 generic?

16 A. I believe that there's a
17 separate generic.

18 Q. But it's still in VIVA?

19 A. I believe so.

20 Q. So your understanding is
21 that in VIVA they sort out separately the
22 advertising, sales, marketing and
23 promotional materials for the generic
24 opioids from the brand-name opioids,

1 correct?

2 A. Yes. The notes that I had
3 taken from February '15 forward, the
4 generic companies -- the generic company
5 used VIVA as well.

6 Q. Okay. And when it says
7 audience, is -- your understanding is
8 that these promotional or marketing or
9 sales materials, when it says HCP, that
10 means it's going directly to the
11 healthcare provider?

12 A. No. That means that it can
13 be used with a healthcare provider.

14 Q. Okay. Some of it is left
15 with a healthcare provider, correct?

16 A. There are leave-behinds that
17 are left.

18 Q. And then when it says
19 consumer, what does that mean?

20 A. Usually a patient, or it may
21 be just a general consumer.

22 Q. Like sort of
23 direct-to-consumer marketing, correct?

24 A. Yes.

1 Q. And it's got an
2 approved-for-distribution date.
3 So that's going to give us
4 the date when we know that the marketing
5 piece has been approved; is that right?
6 A. Approved for release, yes.
7 Q. And then it's got an
8 expiration date. So if, in fact, it has
9 expired for use, we'll have the
10 expiration date, correct?
11 A. Yes.
12 Q. And then there's 2253
13 submission required.
14 Is that the federal
15 regulation that requires the piece to be
16 sent to the FDA?
17 A. Yes.
18 Q. And it says yes or no on
19 those, correct?
20 A. Yes.
21 Q. And the company makes a
22 determination on -- excuse me, that
23 certain promotional or marketing or sales
24 materials don't have to be provided to

1 the FDA; is that correct?
2 MS. HILLYER: Objection.
3 Beyond the scope.
4 You can answer if you know
5 in your personal capacity.
6 THE WITNESS: The FDA has
7 requirements on what the company
8 has to submit. And there may be
9 promotional materials that are
10 generated that the FDA has no
11 interest in seeing or hasn't --
12 doesn't require us to send.
13 BY MR. CARTMELL:
14 Q. But the company decides
15 that --
16 MS. HILLYER: Objection.
17 BY MR. CARTMELL:
18 Q. -- for each piece, correct?
19 MS. HILLYER: Sorry. Same
20 objection.
21 THE WITNESS: The company
22 decides it based on the criteria
23 that the FDA sets.
24 BY MR. CARTMELL:

1 Q. Is it basically whether the
2 company makes a determination if it's
3 promotional or not?
4 MS. HILLYER: Same
5 objection.
6 You can answer if you know
7 in your personal capacity.
8 THE WITNESS: It's generally
9 on whether the brand is being
10 promoted within the piece or not.
11 BY MR. CARTMELL:
12 Q. Okay. These pieces, I think
13 you -- excuse me.
14 All of these marketing,
15 sales, advertising pieces that are in
16 VIVA that we're showing are national in
17 scope? In other words, they are able to
18 be used all over America; is that right?
19 A. Yes.
20 Q. So, in other words -- strike
21 that.
22 And I also -- my
23 understanding is that the company, Teva,
24 as well as Cephalon, and Actavis for that

1 matter, did not track where each
2 marketing piece was being used, correct?
3 A. Yes.
4 Q. Is that correct?
5 A. Yes.
6 Q. So, for example, if we had
7 on here an approved piece during a period
8 of time, a marketing piece, the company
9 couldn't say, for example, well, that
10 piece wasn't used in Ohio, for example,
11 correct?
12 MS. HILLYER: Objection to
13 form.
14 BY MR. CARTMELL:
15 Q. Because they don't track
16 that info?
17 A. That's true.
18 Q. Okay. I think we have a
19 printout of the generic part of VIVA that
20 I'll mark as Exhibit-19.
21 - - -
22 (Whereupon, Teva-Hassler
23 Exhibit-019, TEVA_MDL_A_02914333,
24 was marked for identification.)

1 - - -
 2 BY MR. CARTMELL:
 3 Q. I just want to ask you, it
 4 looks like the fields on here are
 5 similar.
 6 But as you can see here,
 7 they actually call out that the product
 8 is generic, correct?
 9 A. Yes.
 10 Q. Or, excuse me, that the
 11 marketing or promotional or sales piece
 12 is generic, correct?
 13 A. Yes.
 14 Q. And so these will identify
 15 the -- all of -- or, excuse me, VIVA
 16 during this period of time will identify
 17 all of the marketing, sales, promotional
 18 or advertising pieces related to the
 19 opioid generic products, correct?
 20 A. Yes.
 21 Q. And all of these say that
 22 they don't need to be -- well, not all of
 23 them, I take that back. I apologize.
 24 Most all of them say that

1 THE WITNESS: For the -- I
 2 was just reading the brand to
 3 generic reference digital guide.
 4 And if -- or facts about generics
 5 which may talk about the industry
 6 and have no specific drug
 7 mentioned, then in those cases,
 8 there would be no FDA submission.
 9 BY MR. CARTMELL:
 10 Q. Okay. But what if there was
 11 something, a promotional or sales or
 12 advertising or marketing piece, that
 13 dealt with treatment of pain, for
 14 example, with opioids but didn't mention
 15 a specific opioid, is your understanding
 16 that the company wouldn't have to submit
 17 that to the FDA?
 18 MS. HILLYER: Objection to
 19 the extent it calls for a legal
 20 conclusion. And beyond the scope
 21 of today's topics.
 22 You can answer if you know
 23 in your individual capacity.
 24 THE WITNESS: Typically,

1 they don't have to be submitted to the
 2 FDA.
 3 Do you know what that reason
 4 is?
 5 MS. HILLYER: Objection.
 6 Beyond the scope.
 7 You can answer if you know
 8 in your personal capacity.
 9 THE WITNESS: I don't know
 10 specifically. If they didn't
 11 include specific drug names,
 12 specific drugs within the
 13 document, then they would not be
 14 submitted.
 15 BY MR. CARTMELL:
 16 Q. So if they were general
 17 about a class of drugs, like opioids, but
 18 didn't mention a specific generic type,
 19 then they wouldn't have to submit it to
 20 the FDA; is that fair?
 21 MS. HILLYER: Objection to
 22 form. And beyond the scope.
 23 You can answer if you know
 24 in your individual capacity.

1 generics wouldn't get involved or
 2 engaged in that type of activity.
 3 For the brands, we may have
 4 disease state materials that could
 5 be used promotionally that would
 6 not have to go to the FDA if they
 7 didn't mention a drug name.
 8 BY MR. CARTMELL:
 9 Q. Well, for example, if you
 10 see down here, there's buprenorphine
 11 transdermal system indications and ISI
 12 consumer.
 13 That's a generic, correct?
 14 A. It appears to be, yes.
 15 Q. And that's a generic drug
 16 for the treatment of addiction, it
 17 includes opioids, correct?
 18 MS. HILLYER: Objection.
 19 Beyond the scope.
 20 THE WITNESS: Yes.
 21 BY MR. CARTMELL:
 22 Q. And that one, for example,
 23 doesn't have to be, I take it -- it
 24 mentions that generic, but it doesn't

1 have to be sent to the FDA, correct?

2 A. That's what this report
3 indicates.

4 Q. Is that consistent with your
5 understanding?

6 MS. HILLYER: Objection.

7 Beyond the scope.

8 THE WITNESS: For an ISI
9 that's a regulatory document, yes.
10 BY MR. CARTMELL:

11 Q. Now, for generics, does this
12 database only include material beginning
13 in February 2015 forward?

14 A. I believe so, yes.

15 Q. Why didn't VIVA include
16 generics when it started back in '14?

17 A. I don't know.

18 Q. Is there another place where
19 we can find that information for generics
20 for Teva?

21 A. My understanding is if it
22 exists, we would have produced it. We
23 would have looked among those that are
24 involved in the copy approval process to

1 see if they had anything in their files
2 that would have been generic promotion of
3 these materials. And I'm not aware of
4 anything else.

5 Q. Let's talk about Actavis and
6 the identity of all their sales,
7 marketing, advertising and promotional
8 materials for the generic controlled
9 substance opioids that Actavis was
10 selling prior to 2016 when those Actavis
11 entities were acquired by Teva.

12 What did you find and
13 identify as far as those materials?

14 A. As the notes indicate, the
15 generics were limited to product
16 availability announcements and ads that
17 notified the customer of availability,
18 form, strength.

19 They didn't typically make
20 any therapeutic claims or product
21 efficacy claims. Actavis used VIVA,
22 beginning in 2014 and '15, as a
23 repository for sales and marketing
24 materials. And they're listed with these

1 Bates numbers.

2 I also spoke to David Myers,
3 who indicated that it was his
4 responsibility for assigning numbers to
5 those materials that went through this
6 process, to identify promotional
7 materials that Actavis produced for their
8 generic products.

9 Q. How do you spell his last
10 name?

11 A. M-Y-E-R-S.

12 Q. What was his position at
13 Actavis at that time?

14 A. He worked within the
15 marketing function.

16 Q. And just like Teva and
17 Cephalon, the Actavis entities did not
18 track these marketing, sales, advertising
19 materials as far as the venues or
20 geographic locations where they were
21 used, correct?

22 A. That's my understanding,
23 yes.

24 Q. There were no databases or

1 other warehousing or archiving of these
2 types of materials at Actavis, other than
3 what started in 2014; is that your
4 understanding?

5 A. Yes. David mentioned that
6 they just had a spreadsheet with code
7 names on it that they used as a tracking
8 mechanism.

9 Q. And those spreadsheets have
10 been produced?

11 A. To my knowledge, yes.

12 Q. Did you see any of them?

13 A. I did not. I just asked him
14 whether they had been -- I asked him how
15 they were tracked, and he told me, and
16 that they had been made available.

17 Q. I may have asked you this,
18 and I apologize if I did, but for the
19 Cephalon promotional and advertising and
20 sales materials for Actiq and Fentora
21 from 2000 to 2009, how do you -- how will
22 we know that they are final and approved
23 for use? Did you tell me that?

24 A. They will have a PDRC number

1 on the piece that would indicate that
2 that's a final production copy.

3 Q. And who do you think the
4 person most knowledgeable about that
5 process and what pieces are final, that
6 sort of thing, would be from 2000 to 2009
7 at Cephalon?

8 MS. HILLYER: Again, to the
9 extent that's encompassed in Topic
10 6, Mr. Hassler is identified as
11 the person most knowledgeable to
12 testify about those topics on
13 behalf of the companies.

14 You can answer.

15 THE WITNESS: The people
16 that I talked to about that were
17 Paula and Matt. The only other
18 person that I can think of is
19 Jamie Burlanska, and she's not
20 with the organization anymore.

21 BY MR. CARTMELL:

22 Q. Anyone else?

23 A. No.

24 Q. Is your understanding that

1 the databases include website information
2 that was promotional in nature?

3 A. Yes.

4 Q. I'm going to move on to the
5 next topic.

6 The next topic, Mr. Hassler,
7 is Topic 8. You've been designated as
8 the corporate representative that can
9 bind the company with your testimony in
10 this regard, correct?

11 A. Yes.

12 Q. It states, The identity of
13 the persons responsible for developing or
14 implementing training for your sales and
15 marketing departments, including for
16 developing or implementing any written
17 materials or instructions to your
18 marketing or salespeople regarding
19 promoting or selling opioids or opioid
20 products or for developing or
21 implementing any training or identifying,
22 reporting or investigating the possible
23 diversion of opioids or opioid products
24 or identifying, investigating or

1 reporting suspicious orders, and the
2 identity and location of materials
3 utilized for these topics.

4 What did you review or do in
5 order to prepare to testify on this
6 topic?

7 A. I reviewed organizational
8 charts to identify who was involved in
9 the training department for these
10 products, and reviewed several pieces of
11 sales training material.

12 And I had also asked Paula
13 and Matt, on the Cephalon side, who was
14 involved in the training related to Actiq
15 and Fentora.

16 And I spoke with David
17 Myers, for the Actavis products, and
18 Napoleon Clark to get an understanding of
19 how any promotion or training took place
20 at the legacy Watson companies.

21 Q. So I want to follow up.

22 I think this is sort of a
23 two-part question as well. The first is,
24 you know, the training materials for

1 salespeople related to promotion, and
2 then the second part is sort of the
3 training related to recognizing diversion
4 and reporting suspicious orders and
5 things like that.

6 Did you read the question
7 that way?

8 A. Yes.

9 Q. Let's talk about Cephalon
10 from 2000 to 2011, when they were selling
11 brand-name Class II opioids. And that
12 was the time before your company, Teva
13 USA, or Teva, one of the Teva entities
14 acquired them.

15 What is your understanding
16 of who would actually train the
17 salespeople, the sales force, who were
18 going out to the offices of doctors all
19 over America and trying to promote and
20 market and get doctors to purchase or
21 prescribe these brand-name opioids, Actiq
22 and later Fentora?

23 A. A sales training group that
24 was identified here, with Joe Cantinetti,

1 Dan Scott, Cynthia Condodina and the
2 others that are listed in my notes, they
3 would have been responsible for product
4 training for Fentora. They were also
5 responsible for sales force training on
6 compliance policies and conducting new
7 hire training.

8 In some of the earlier time
9 periods, the product management team
10 would have been responsible for training
11 the sales force on Actiq.

12 Q. And you're talking about
13 those are the structure that we talked
14 about before that had product managers
15 and directors over the sales reps in the
16 field for Actiq?

17 A. No. The product managers
18 would have been in the marketing
19 function.

20 Q. Okay. That's right.

21 Sales managers --

22 A. Sales managers and directors
23 would have been over the field.

24 Q. Okay. And they would --

1 when a sales rep, for example, was hired
2 by Cephalon to sell, go sell Actiq or
3 Fentora, they would get this training
4 from their managers above them, correct?

5 A. Later in the process, they
6 would get training from the sales
7 training team on both compliance and
8 product training and sales training as
9 part of their onboarding process as a new
10 hire.

11 And then their managers
12 would continue that training, just in
13 their routine interaction with the reps.

14 Q. Okay. Now, as far as -- you
15 mentioned compliance training.

16 Are you talking about
17 training related to the diversion of the
18 opioids or the SOM training?

19 A. Not SOM specifically. It
20 was training related to what they -- what
21 they could promote, what they could use
22 to promote, what the expectations were of
23 them, in terms of who they could call on.

24 There were a number of

1 compliance-related policies that they had
2 to be trained on and understand what they
3 could do and what they couldn't.

4 Q. When Actiq was approved by
5 the FDA, there was a risk map that they
6 were required to put in place associated
7 with that, correct?

8 MS. HILLYER: Objection.

9 Beyond the scope.

10 THE WITNESS: Yes.

11 BY MR. CARTMELL:

12 Q. Who would do the training at
13 Cephalon related to the risk map?

14 A. For the sales force?

15 Q. Yes.

16 A. The product management
17 group.

18 Q. Okay. So that was within
19 the sales department, correct?

20 A. No. That would have been in
21 the marketing department. The product
22 management group.

23 Q. Who would do the training
24 related to compliance issues? Was that

1 outside the marketing group and in the
2 compliance department?

3 A. In those early days?

4 Q. Yes.

5 A. There was training that was
6 driven by compliance across the entire
7 organization, and there was also specific
8 compliance training that was implemented
9 by the sales training team when that team
10 was developed.

11 Q. But with respect to, for
12 instance, the corporate integrity
13 agreement that I believe was in place
14 starting in 2008, was it the corporate
15 compliance group that would train
16 salespeople on that at Cephalon?

17 A. Yes. I believe that that
18 training was developed by compliance.
19 And then every employee had to sign off
20 on that training, that they understood
21 and would abide by that training. And
22 the managers over each of those functions
23 had to sign off and validate that their
24 subordinates had read and agreed to that

Page 293

1 training.
 2 Q. Okay. I want to hand you
 3 Exhibit-20.
 4 - - -
 5 (Whereupon, Teva-Hassler
 6 Exhibit-020, Corporate Integrity
 7 Agreement Between the Office of
 8 Inspector General of the
 9 Department of Health and Human
 10 Services and Cephalon, Inc., was
 11 marked for identification.)
 12 - - -
 13 BY MR. CARTMELL:
 14 Q. This is the corporate
 15 integrity agreement that was in play
 16 related to Cephalon's plea of guilty to
 17 illegal marketing and a fine of \$425
 18 million for illegal off-label marketing.
 19 Do you understand that?
 20 MS. HILLYER: Objection to
 21 form. It mischaracterizes. Did
 22 you say the CIA was the guilty
 23 plea --
 24 MR. CARTMELL: No, I did

Page 294

1 not.
 2 MS. HILLYER: Then maybe I
 3 misheard you. Could you restate
 4 that?
 5 BY MR. CARTMELL:
 6 Q. Are you familiar with the
 7 corporate integrity agreement?
 8 A. Yes.
 9 Q. And you understand that this
 10 agreement was required by U.S. Attorneys
 11 following a plea of guilty to illegal
 12 marketing?
 13 MS. HILLYER: Objection to
 14 form.
 15 BY MR. CARTMELL:
 16 Q. Do you understand that?
 17 A. Yes. I understand that it
 18 was in agreement with the OIG. I don't
 19 recall the specific -- what Cephalon
 20 specifically pled guilty to.
 21 Q. You've mentioned the code of
 22 conduct previously -- strike that.
 23 You understand that Teva was
 24 bound by this agreement when they

Page 295

1 purchased Cephalon in 2011, correct?
 2 MS. HILLYER: Objection to
 3 the extent it's beyond the scope.
 4 And calls for a legal conclusion.
 5 THE WITNESS: Yes.
 6 BY MR. CARTMELL:
 7 Q. And that was because it was
 8 a five-year agreement and went into play
 9 in 2008 and Teva was now selling the
 10 branded opioid Class II narcotics that
 11 are at issue, correct?
 12 MS. HILLYER: Same
 13 objections.
 14 THE WITNESS: That's my
 15 understanding.
 16 BY MR. CARTMELL:
 17 Q. You mentioned the code of
 18 conduct that was in place at Cephalon, I
 19 think previously, did you not?
 20 A. I believe so.
 21 Q. And if you go to Page 7 in
 22 this corporate integrity agreement, it
 23 mentions the code of conduct at Cephalon.
 24 Do you see that?

Page 296

1 A. Page 7?
 2 Q. Yes.
 3 A. Yes.
 4 Q. And it states that all
 5 employees or covered persons who are
 6 employees -- I won't represent to you --
 7 are bound by Cephalon's code of conduct.
 8 Do you see that?
 9 A. I do.
 10 Q. It says, The code of conduct
 11 sets forth and shall continue to set
 12 forth, at a minimum -- and I want to show
 13 you where I'm talking about, the third --
 14 excuse me, C -- the requirement that all
 15 Cephalon's covered persons shall be
 16 expected to report to the chief
 17 compliance officer, or other appropriate
 18 individual designated by Cephalon,
 19 suspected violations of any federal
 20 healthcare program and FDA requirement or
 21 of Cephalon's own policies and
 22 procedures.
 23 Do you see that?
 24 A. I do.

1 Q. And maybe this is what you
2 were referring to, but according to
3 Cephalon's own code of conduct and as a
4 result of the written agreement that they
5 had to enter into after pleading guilty
6 to illegal marketing, it states that,
7 essentially, all employees at Cephalon
8 were required to report violations of the
9 law, correct?

10 MS. HILLYER: Objection to
11 the form. Calls for a legal
12 conclusion. And beyond the scope.

13 You can answer if you know
14 in your personal capacity.

15 THE WITNESS: That's my
16 understanding.

17 BY MR. CARTMELL:

18 Q. So would it be true that all
19 of the employees at Cephalon, if they
20 learned of, for example, off-label
21 marketing of the drug Fentora or Actiq,
22 had a duty to report that?

23 A. Yes.

24 Q. Is that the same at Teva?

1 A. Yes.

2 Q. And has it been that way
3 since you've been there?

4 A. Yes.

5 Q. In other words, if there's a
6 violation of the law going on, including
7 off-label marketing of Class II narcotics
8 like opioids, then that's something that
9 every employee there must report,
10 correct?

11 MS. HILLYER: Objection.
12 Assumes facts not in evidence.
13 And beyond the scope.

14 You can answer if you know
15 in your personal capacity.

16 THE WITNESS: It's not
17 specific to opioids. It's a
18 general expectation.

19 BY MR. CARTMELL:

20 Q. But it includes opioids?

21 A. Yes.

22 MS. HILLYER: Same
23 objection.

24 BY MR. CARTMELL:

1 Q. I'll show you real quickly
2 Exhibit-21, which I believe is a copy of
3 the risk map that was provided to us or
4 produced to us by Teva in this litigation
5 from back at 2001.

6 Do you see that?

7 A. Yes.

8 - - -

9 (Whereupon, Teva-Hassler
10 Exhibit-021,

11 TEVA_MDL_A_03272088-117, was
12 marked for identification.)

13 - - -

14 BY MR. CARTMELL:

15 Q. And as we discussed before,
16 the FDA, when it approved Actiq, required
17 Cephalon to have a risk management
18 program in place; is that right?

19 MS. HILLYER: Objection.

20 Beyond the scope.

21 You can answer if you know.

22 THE WITNESS: That's my
23 understanding.

24 BY MR. CARTMELL:

1 Q. And there were certain
2 requirements for that, that I want to
3 just ask you about real quick.

4 If you turn to Section 5.2
5 of the document, the last four numbers of
6 the Bates range are 2103. 5.2 talks
7 about --

8 MS. HILLYER: Let him get
9 there.

10 BY MR. CARTMELL:

11 Q. -- the oncology sales
12 specialist, Cephalon, Inc. sales
13 organization.

14 And it states, Full-time
15 oncology sales specialists have been
16 placed in the field to personally call on
17 the target audience. The oncology sales
18 specialists are the primary day-to-day
19 link to the physicians, nurses and
20 pharmacists who will be using the
21 product. The oncology sales specialists
22 play a key role in implementing the risk
23 map.

24 Do you see that?

1 A. I do.
 2 Q. Do you know, at the time of
 3 the purchase by Teva of Cephalon in 2011,
 4 did Cephalon have these sales -- oncology
 5 sales specialists?
 6 A. Cephalon had an oncology
 7 business unit that had sales specialists.
 8 Q. And is your understanding
 9 that the sales specialists in the
 10 oncology department that you just
 11 identified would be the ones who were
 12 fulfilling this risk map and going to
 13 doctors, oncologists, and educating them
 14 about the risks associated with opioids?
 15 A. No.
 16 Q. Because I think you
 17 previously testified that the oncology
 18 department was not the department at
 19 Cephalon where the opioids were sold or
 20 marketed out of, correct?
 21 A. Yes.
 22 Q. So do you know whether or
 23 not they had these full-time oncology
 24 sales specialists required by the risk

1 map?
 2 MS. HILLYER: Objection to
 3 form. The document -- I don't
 4 know that the document actually
 5 says that.
 6 But you can answer it.
 7 And this is beyond the scope
 8 of topics.
 9 You can answer if you know
 10 in your personal capacity.
 11 THE WITNESS: Would you ask
 12 me the question again, please?
 13 BY MR. CARTMELL:
 14 Q. Do you know -- I'm going to
 15 broaden the question.
 16 Do you know whether -- or
 17 have you seen documents related to
 18 oncology sales specialists at Cephalon
 19 that were going to oncology --
 20 oncologists and explaining the risks and
 21 dangers associated with opioids?
 22 A. Yes, I know that that
 23 occurred. It was not the predominant
 24 group. The group that sold those

1 products predominantly were the pain
 2 management specialists. And they did
 3 communicate the risk map to the customers
 4 that they called on.
 5 Q. During what years?
 6 MS. HILLYER: Objection.
 7 Vague.
 8 THE WITNESS: For the
 9 majority of the time that the
 10 products were promoted.
 11 BY MR. CARTMELL:
 12 Q. It states, in the third
 13 paragraph under this section, In the
 14 approximately three months between
 15 product approval and product
 16 availability, the oncology specialists
 17 personally called on 1,000 of the 2,000
 18 pharmacies dispensing the largest volume
 19 of CH products.
 20 Do you see that?
 21 A. C-II products.
 22 Q. I'm sorry, C-II, Class II
 23 products.
 24 A. Yes.

1 Q. That's referring to opioids,
 2 correct?
 3 A. Schedule II products, which
 4 would include opioids, yes.
 5 Q. And this says three months
 6 between product approval and product
 7 availability.
 8 Is your belief that that was
 9 done by Anesta and not Cephalon?
 10 MS. HILLYER: Objection to
 11 the extent --
 12 BY MR. CARTMELL:
 13 Q. Or do you know?
 14 A. I don't know.
 15 MS. HILLYER: -- this is
 16 beyond the scope.
 17 BY MR. CARTMELL:
 18 Q. But you don't know of or
 19 haven't seen documents suggesting that at
 20 any time sales oncology specialists from
 21 Cephalon did that, correct?
 22 MS. HILLYER: Did what?
 23 MR. CARTMELL: Did what I
 24 just referred to, which is call

1 on, personally, 1,000 of the 2,000
2 pharmacies dispensing the largest
3 volume of C-II products.

4 THE WITNESS: I don't know
5 who made those calls. I do know
6 that Cephalon oncology sales
7 specialists did carry Actiq as one
8 of their brands for periods of
9 time. I don't know specifically
10 what periods. I wasn't able to
11 determine that based on the
12 conversations that I had.

13 BY MR. CARTMELL:

14 Q. Would the three months
15 between product approval and product
16 availability have been before Cephalon
17 purchased Anesta and Actiq?

18 A. I believe that the product
19 was approved in '99. I'm not sure. I
20 don't know.

21 Q. Well, '99 was well before
22 Cephalon purchased the product, correct?

23 A. Yeah, yeah. I just don't
24 know -- I don't know that that's right.

1 form.

2 THE WITNESS: They did have
3 oncology sales specialists who did
4 carry Actiq. What I haven't been
5 able to determine, despite
6 conversations and efforts to find
7 it, I haven't been able to
8 determine specifically when.

9 BY MR. CARTMELL:

10 Q. Where are these training
11 materials warehoused or found, do you
12 know, from Cephalon?

13 A. They would, as we talked
14 earlier, for the time periods that we had
15 discussed, they would have been in ZINC
16 or in VIVA. Prior to that, it would be
17 individual files that we would have to go
18 through because it was a hardcopy
19 process.

20 Q. So same thing we talked
21 about before, there would be a PDRC
22 number that would help us identify those?

23 A. Yes. There should be a PDRC
24 number on any of those pieces.

1 Q. That's fine. I guess what
2 I'm really trying to get at is, have you
3 ever seen a document, I haven't found
4 one, that talks about these oncology
5 sales specialists at Cephalon?

6 And I'm trying to figure
7 out, was that actually somebody at Anesta
8 who was doing that and whether Cephalon
9 continued to have that person in their
10 sales or marketing department. Because I
11 haven't seen it on any of their org
12 charts.

13 MS. HILLYER: Objection to
14 form.

15 You can answer.

16 THE WITNESS: I haven't seen
17 that in the material that I've
18 reviewed.

19 BY MR. CARTMELL:

20 Q. So as far as you know, based
21 on everything you've reviewed, at least
22 at Cephalon, they didn't have that sales
23 oncology specialist on their org charts?

24 MS. HILLYER: Objection to

1 Q. For Teva, after it acquired,
2 was there sales training that was given
3 to your Teva sales force to sell Fentora
4 after 2011?

5 A. Yes. For the pain care
6 sales force, they would have -- they
7 would have received training on the
8 product for any new representative that
9 came in.

10 Q. What about the ones that
11 were already there when the acquisition
12 occurred?

13 A. Any changes to labeling or
14 process, they would have been trained on
15 that as well.

16 So when the TIRF REMS
17 program went into place, that entire
18 group would have been trained on that
19 program.

20 Q. But I'm talking now around
21 the time of 2011.

22 Now, all of a sudden, for
23 the first time, Teva has a brand-name
24 opioid that it's selling, correct?

1 A. Teva became the distributor
2 for it. But the same group that was
3 selling it at Cephalon continued to sell
4 Fentora.

5 Q. Okay. So Teva wasn't
6 selling Fentora, it was just distributing
7 it?

8 MS. HILLYER: Objection to
9 form.

10 THE WITNESS: I want to be
11 more clear than I was.

12 Teva distributed and booked
13 the sales for the product.

14 BY MR. CARTMELL:

15 Q. So they were selling it?

16 A. Yes.

17 The group that promoted the
18 product was the same group, in the pain
19 care sales force, who had had it
20 previously.

21 Q. They came over from
22 Cephalon?

23 A. Yes. Under the management
24 structure that we had.

1 Q. Okay. So you had sales reps
2 now who were going to doctors' offices
3 all over America selling Fentora,
4 correct?

5 MS. HILLYER: Objection to
6 form.

7 THE WITNESS: As they had
8 previously for the -- for that
9 branded product, yes.

10 BY MR. CARTMELL:

11 Q. And those sales reps, did
12 you just keep the ones from Cephalon and
13 hire them under your umbrella at Teva?

14 A. I don't know who actually
15 employed them, in terms of which legal
16 entity employed them.

17 But, yes, from a management
18 structure standpoint, they were brought
19 over and we maintained a pain care sales
20 force underneath Teva CNS, which was all
21 of our branded CNS products.

22 Q. And that's why you said it
23 wasn't new sales training, because these
24 were salespeople who had come from

1 Cephalon and had already had training, is
2 your testimony?

3 A. For those that came over.

4 For any new hires that came
5 in, then they would have been trained by
6 the sales training group.

7 For any changes that
8 occurred to the labelling or our
9 practices, that whole sales force would
10 have been trained on that.

11 The most -- the largest
12 change that occurred there was the
13 implementation of the TIRF REMS program
14 and the training that needed to take
15 place in order for physicians to write
16 and pharmacies to be able to dispense the
17 product.

18 Q. But after the acquisition of
19 Cephalon, is it fair to say that if you
20 had new salespeople start, now they're at
21 Teva under the Teva umbrella, Teva CNS,
22 would you still use the Cephalon --
23 former Cephalon employees or salespeople
24 to train them, or did Teva have a new

1 group of its own employees who would
2 train them on Fentora?

3 A. I believe that the training
4 team was integrated. So it -- the
5 branded product sales training group, I
6 believe, became one team. They may or
7 may not have had legacy Cephalon trainers
8 continuing to train them.

9 Q. But there were legacy
10 Cephalon salespeople still on that
11 training team, correct?

12 A. There were legacy Cephalon
13 trainers there. I don't know what their
14 background was, whether they came from
15 sales or not.

16 Q. Who did the Kadian sales
17 training?

18 MS. HILLYER: Objection.
19 Beyond the scope.

20 BY MR. CARTMELL:

21 Q. Do you know?

22 A. No. I have no information
23 on that.

24 Q. There was a sales force at

Page 313

1 Teva to sell Kadian, an opioid, correct?
 2 MS. HILLYER: Objection.
 3 Beyond the scope and assumes facts
 4 not in evidence.
 5 THE WITNESS: Not that I'm
 6 aware of.
 7 Can I take a very brief
 8 break?
 9 MS. HILLYER: We have been
 10 going a little over an hour
 11 anyway.
 12 VIDEO TECHNICIAN: Going off
 13 the record at 4:50 p m.
 14 - - -
 15 (Whereupon, a brief recess
 16 was taken.)
 17 - - -
 18 VIDEO TECHNICIAN: Back on
 19 the record. 5:02.
 20 BY MR. CARTMELL:
 21 Q. Mr. Hassler, we're back on
 22 the record.
 23 Are you ready to proceed?
 24 A. I am.

Page 315

1 You can answer.
 2 THE WITNESS: No, I'm not
 3 aware that they trained their
 4 salespeople on their products.
 5 BY MR. CARTMELL:
 6 Q. Do you know if they trained
 7 them on, you know, things like diversion
 8 of opioids or trained them on a
 9 suspicious order monitoring and reporting
 10 and investigating, things like that? Do
 11 you know whether they did that?
 12 A. I've seen policies for their
 13 customer service group and for their
 14 suspicious order monitoring group, DEA
 15 safety group. But I have not seen any
 16 training on those topics outside of those
 17 that were directly involved, other than
 18 just general corporate standards type
 19 expectations.
 20 Q. Just to be clear for the
 21 record, so you haven't seen any
 22 indication that Actavis was training
 23 their salespeople related to those topics
 24 for opioids, correct?

Page 314

1 Q. A few more questions about
 2 Topic 8 that we're talking about, which
 3 is dealing with the training of
 4 salespeople related to promotion and
 5 related to suspicious order monitoring,
 6 things like that.
 7 I don't think I've asked you
 8 yet about Actiq -- or, excuse me, about
 9 Actavis training and where the materials
 10 would be for that type of training at
 11 Actavis.
 12 Do you know?
 13 A. No. I'm not aware of sales
 14 training materials at Actavis, other than
 15 an oxymorphone announcement. That's the
 16 only training that I can think of.
 17 Q. But did you go back and try
 18 to find out, either from individuals or
 19 their documents, whether or not they were
 20 training their salespeople related to the
 21 promotion or marketing of their generic
 22 opioids?
 23 MS. HILLYER: Objection.
 24 Assumes facts not in evidence.

Page 316

1 A. That's correct.
 2 Q. Okay. And you have not seen
 3 any training materials that suggest that
 4 either, right?
 5 A. Correct.
 6 Q. Okay. A few things I wanted
 7 to follow up on. I'm sure I'll draw an
 8 objection from your counsel, but you
 9 talked about TIRF REMS.
 10 And are those applicable to
 11 generic TIRFs?
 12 MS. HILLYER: Beyond the
 13 scope.
 14 But you can answer.
 15 THE WITNESS: They are.
 16 BY MR. CARTMELL:
 17 Q. So those TIRF REMS would
 18 apply to all of Teva's or Actavis --
 19 acquired Actavis generics, correct?
 20 MS. HILLYER: Same
 21 objection.
 22 BY MR. CARTMELL:
 23 Q. Generic TIRFs?
 24 A. Yes. It would apply to all

1 TIRFs.
2 Q. And are there any other REMS
3 that apply to non-TIRF opioids?

4 MS. HILLYER: Objection.
5 Beyond the scope.

6 You can answer if you know
7 in your individual capacity.

8 THE WITNESS: I believe so.
9 I don't know those criteria as
10 well -- I don't know those
11 criteria. I do know them for the
12 TIRF REMS.

13 BY MR. CARTMELL:

14 Q. But is your understanding
15 that there is a REMS for Teva's generic
16 opioids?

17 MS. HILLYER: Same
18 objection.

19 BY MR. CARTMELL:

20 Q. That are non-TIRF?

21 A. I believe that there is a --
22 actually, I don't want to comment on
23 that. I don't know for sure.

24 Q. Do you know whether Teva's

1 generic sales force and marketing
2 personnel were trained on the generic --
3 for example, the generic TIRF REMS?

4 A. Not that I'm aware of.

5 Q. Let's move on to the next
6 topic. That is going to be Topic 11.

7 Let's read Topic 11. Topic
8 11, as you can see, states, Your
9 relationship with, compensation paid by
10 you to, and identity of the persons who
11 interacted with the following persons,
12 entities, regarding opioids or opioid
13 products.

14 And then, as you can see, it
15 lists American Academy of Pain Medicine,
16 American Pain Society, American Pain
17 Foundation, American Geriatrics Society,
18 American Chronic Pain Association,
19 American Society of Pain Educators, and I
20 am not going to read them all, but
21 several other organizations, societies
22 and groups.

23 And on the next page, there
24 is a list of the joint commission, the

1 pain care forum.

2 And then from R to AA is a
3 list of doctors.

4 Do you see that?

5 A. Yes.

6 Q. And when this question asked
7 your relationship with, you understand
8 this is asking about Cephalon's or Teva's
9 or Actavis's relationship with these
10 groups or individuals, correct?

11 A. Yes.

12 Q. And the question is also
13 asking how much was paid by those
14 companies to each of these organizations
15 or individuals.

16 Do you understand that?

17 A. I do.

18 Q. Okay. So, Doctor -- strike
19 that.

20 So, Mr. Hassler, you have
21 been chosen to be the representative with
22 knowledge of these payments and
23 relationship with these organizations and
24 doctors, correct?

1 A. Yes.

2 Q. And so tell us -- strike
3 that.

4 Did you have personal
5 knowledge and experience with working
6 with, first of all, these organizations,
7 these paying foundations and societies,
8 prior to being picked to be the corporate
9 representative in this lawsuit?

10 A. No.

11 Q. Did you have any experience
12 with any of the doctors listed here? Did
13 you have any experience working with them
14 in any respect prior to being asked to
15 testify as the corporate representative
16 in this lawsuit?

17 A. Not that I recall.

18 Q. Okay. So you, I take it,
19 had to go back and look through documents
20 and meet with people and talk to others
21 who have personal experience with these
22 organizations and payments to these
23 organizations and people, correct?

24 A. Yes.

1 Q. So what did you do?

2 A. I spoke with Paula Williams
3 and Matt Day, Dolly Judge, to try to
4 assess whether Teva had relationships
5 with these organizations. I had reviewed
6 some of the grants that were made to
7 these organizations to understand the
8 structure, as well as reviewed policies
9 on the grant process at different points
10 in time.

11 I had also reviewed policies
12 related to Watson, and I believe -- I
13 believe Actavis, but Watson certainly, on
14 interaction with customers.

15 Let me just double check
16 that. I think that was the policy that I
17 had looked at. But I had reviewed a
18 number of documents to understand how
19 that process would work to provide grants
20 of support to these organizations.

21 Q. And the people you mentioned
22 are the people you thought or were told
23 by counsel were people that might be most
24 knowledgeable about these topics?

1 initiatives. And where those objectives
2 for those educational initiatives aligned
3 with Cephalon's educational objectives,
4 they would issue grants in support of
5 those proposals.

6 Educational grants had to be
7 independent of company influence over the
8 content, and there were letters of
9 agreement signed for those grants that
10 were issued that would specify that.

11 Q. Now, these -- for example,
12 let's talk about Cephalon first, these
13 payments to these organizations, the
14 request for those payments to be made to
15 these organizations, were those requests
16 made to the marketing department at
17 Cephalon?

18 A. Early on they could come
19 through marketing, and then would be
20 transferred to medical. Over time,
21 marketing was excluded from that and they
22 had to be made online for the request to
23 come directly in to medical.

24 Q. When was that, that

1 MS. HILLYER: Objection to
2 form.

3 THE WITNESS: Discussion
4 with counsel, as well as having
5 been the general manager, I had
6 worked with Matt and knew Matt had
7 experience in this area.

8 I was also familiar with
9 Paula and knew that she had worked
10 in this space. So it was -- I
11 followed up with her as well.

12 BY MR. CARTMELL:

13 Q. And let's talk first about
14 payments to these societies that are
15 listed on your Exhibit-1 and foundations
16 and medical boards and all these
17 organizations.

18 Why is it that Cephalon, for
19 instance, during the time it was selling
20 Actiq and then Fentora from 2000 to 2009,
21 why is it that Cephalon was making
22 payments to these organizations?

23 A. The organizations would
24 request grants to support educational

1 marketing was excluded, do you know? Was
2 that after the 2008 corporate integrity
3 agreement?

4 A. I don't know the specific
5 date of that. If you have the
6 independent grant policy, I know it's
7 listed in there. I just don't know the
8 date of that policy.

9 Q. But payments to these
10 organizations were not made just for
11 educational purposes, correct?

12 A. That's correct. There were
13 also payments that were sponsorships.
14 And corporate memberships were also made
15 to some of these organizations.

16 Q. Right. For instance, these
17 organizations, like the American Academy
18 of Pain Medicine or the American Pain
19 Society, some of those types of
20 organizations allow pharmaceutical
21 companies like Cephalon or Teva to
22 actually become members of the society or
23 the organization, correct?

24 A. Yes.

1 Q. And they may charge the
2 pharmaceutical company like Cephalon or
3 Teva a fee to be a member, correct?

4 A. Yes.

5 Q. And so I think when you
6 said -- what did you say, you called
7 those corporate membership payments?

8 A. Corporate sponsorships or
9 corporate memberships.

10 Q. So, in fact, I take it you
11 know that at Cephalon, and also at Teva,
12 those pharmaceutical companies, as well
13 as lots of other pharmaceutical companies
14 who sell opioids, have become, in the
15 past, members or corporate sponsors of
16 these companies, correct?

17 A. Yes.

18 Q. Or these organizations,
19 correct?

20 A. Yes.

21 Q. And that's thought to be --
22 within the companies, typically, that is
23 a sort of marketing-type of activity or
24 promotion-type activity, or it can be,

1 specific educational objective.

2 But we wouldn't control any
3 of the content of those materials
4 that are associated with that
5 grant.

6 MR. CARTMELL: I'm going to
7 object and move to strike that, I
8 don't think that answered my
9 question.

10 BY MR. CARTMELL:

11 Q. My question is a little
12 different. I'm not asking who controls
13 the content.

14 Cephalon and Teva and other
15 opioid selling pharmaceutical companies
16 have provided, I take it you know from
17 your experience, grants to these types of
18 organizations, pain organizations, that
19 the money can be used for publication of
20 papers or pamphlets, those types of
21 things, that support the use of opioids,
22 correct?

23 MS. HILLYER: Objection to
24 form. And asked and answered.

1 correct?

2 MS. HILLYER: Objection to
3 form.

4 THE WITNESS: Marketing can
5 issue sponsorships or can issue
6 membership payments, but they have
7 to be approved via our compliance
8 process.

9 BY MR. CARTMELL:

10 Q. Right. But do they come out
11 of the marketing budget?

12 A. They can.

13 Q. And also Cephalon and other
14 companies can pay, in these grants that
15 they pay these organizations and
16 societies for, publications or to help
17 with publications, for example, that
18 support the use of opioids, correct?

19 MS. HILLYER: Objection to
20 form.

21 THE WITNESS: The payments
22 that we make to these
23 organizations, or the grants that
24 are given, would be given for a

1 You can answer it again.

2 THE WITNESS: They may. But
3 they may not as well. They
4 typically are publications in
5 support of pain management, which
6 may include components of opioid
7 use.

8 BY MR. CARTMELL:

9 Q. And lots of these
10 organizations, like The American Academy
11 of Pain Medicine and American Pain
12 Society, the American Pain Foundation,
13 organizations like that will have annual
14 meetings, things like that?

15 A. Yes.

16 MS. HILLYER: Objection.
17 Beyond the scope.

18 BY MR. CARTMELL:

19 Q. And sometimes you know that
20 Cephalon and Teva, and other
21 pharmaceutical companies that sell
22 opioids, will make payments to those
23 organizations to help sponsor their
24 annual meetings that doctors come to,

1 correct?

2 A. They can issue sponsorship
3 payments, yes.

4 Q. And when they go to those
5 meetings for these types of events, for
6 example, some of the money that they may
7 pay may go to entertainment of the
8 doctors, correct?

9 MS. HILLYER: Objection.
10 Assumes facts not in evidence.
11 And beyond the scope of the topic.
12 You can answer if you know
13 in your personal capacity.

14 THE WITNESS: We're
15 prohibited from making payments
16 specific -- specifically for
17 entertainment activities.

18 BY MR. CARTMELL:

19 Q. Since when?

20 A. Dating back to the
21 mid-2000s.

22 Q. Right. So early in the
23 2000s, do you know whether Cephalon was
24 making payments to doctors or

1 organizations who would help them promote
2 opioids for entertainment purposes?

3 A. I do not know that.

4 Q. You just don't know one way
5 or the other?

6 A. Correct.

7 Q. Do you know if Teva was
8 doing that back in the early 2000s?

9 MS. HILLYER: Objection to
10 form.

11 Go ahead.

12 THE WITNESS: There were no
13 opioid -- opioids in Teva in the
14 early 2000s.

15 BY MR. CARTMELL:

16 Q. Now, you have listed here in
17 your notes sort of what you found. And
18 you've also provided us with Appendix 5
19 that I'll show in a minute.

20 MR. CARTMELL: Has that been
21 marked yet?

22 MS. HILLYER: Yes, 9.

23 MR. CARTMELL: It's
24 Exhibit-9, Appendix 5.

1 - - -

2 (Whereupon, Teva-Hassler
3 Exhibit-009, Appendix 5 - Topic
4 11, was marked for
5 identification.)

6 - - -

7 BY MR. CARTMELL:

8 Q. That is a list of payments
9 made to some of these organizations; is
10 that correct?

11 MS. HILLYER: Objection to
12 form.

13 THE WITNESS: This is a list
14 of grants or payments that we have
15 been able to identify for each of
16 these organizations.

17 BY MR. CARTMELL:

18 Q. Okay. And I just want to
19 make sure I understand.

20 Here is Appendix 5, and you
21 have identified that Cephalon or Teva,
22 and maybe you can tell me, has made
23 payments over the years to American
24 Academy of Pain Medicine, correct?

1 A. Yes.

2 Q. And they've supported them
3 through continuing medical education or
4 symposiums and other educational grants,
5 correct?

6 A. Yes.

7 Q. American Pain Society,
8 right?

9 A. Yes.

10 Q. Payments have been made to
11 them by Teva or Cephalon, or both?

12 A. Yes.

13 Q. American Pain Foundation is
14 another one that Teva or Cephalon, or
15 both, have made payments to?

16 A. Yes.

17 Q. Same is true with American
18 Geriatric Society, correct?

19 MS. HILLYER: Objection to
20 form.

21 THE WITNESS: There weren't
22 any payments identified there.

23 BY MR. CARTMELL:

24 Q. I'm sorry. Strike that. I

1 didn't read. Sorry.
 2 You didn't identify any
 3 payments to the American Geriatrics
 4 Society, correct?
 5 A. That's correct.
 6 Q. American Chronic Pain
 7 Association, you did find payments by
 8 Teva or Cephalon, or both?
 9 A. Yes.
 10 Q. You didn't identify any from
 11 the American Society of Pain Educators,
 12 but did find payments from Cephalon or
 13 Teva, or both, to the National Pain
 14 Foundation, Pain and Policy Studies
 15 Group, Federation of State Medical
 16 Boards, American Society of Pain
 17 Management Nursing, U.S. Pain Foundation,
 18 Center for Practical Bioethics, correct?
 19 A. Yes.
 20 Q. And then you've indicated on
 21 here some that you didn't identify any
 22 payments; is that right?
 23 A. That's correct.
 24 Q. Now, what I want to make

1 sure of is, did you do an exhaustive look
 2 for all types of payments to all of the
 3 organizations listed in Number -- Topic
 4 Number 11 that are listed here?
 5 A. We did an exhaustive look,
 6 yes.
 7 Q. For all of these
 8 organizations?
 9 A. Yes.
 10 Q. And I want to make sure you
 11 didn't just look for, for example,
 12 educational grants.
 13 A. No. I believe that we also
 14 would have queried the Care System for
 15 any sponsorships or grants as well.
 16 Q. What's the Care System?
 17 A. That's the compliance system
 18 that we have for any grants made to
 19 healthcare professionals. And it also
 20 records any payments to physicians that
 21 we report for purposes of The Sunshine
 22 Act.
 23 Q. Is that included in your
 24 response here, or your notes, the Care

1 System?
 2 A. It's not in my notes.
 3 Q. So let's make sure we nail
 4 this down.
 5 There is a database at Teva
 6 that records all payments to physicians?
 7 A. Yes.
 8 Q. And it's called -- is that
 9 the Compliance Payments Database?
 10 A. That may be the database
 11 that houses it.
 12 MS. HILLYER: Objection to
 13 form.
 14 THE WITNESS: The system
 15 that I was referring to is the
 16 Care System.
 17 BY MR. CARTMELL:
 18 Q. The Care System. And is
 19 that a Teva system?
 20 A. It was originally a Cephalon
 21 system.
 22 Q. And when did that start?
 23 A. In the mid-2000s.
 24 Q. Before 2009?

1 A. Yes.
 2 Q. And does that only track
 3 payments to doctors?
 4 A. No. Sponsorships would be
 5 in there as well.
 6 Q. Okay.
 7 A. So this would reference
 8 that, the 2009 to 2017 data on payments
 9 made to physicians.
 10 Q. Okay. You're talking about
 11 where you say, Payments made to specific
 12 healthcare providers were tracked
 13 electronically from 2009 to '17?
 14 A. Yes.
 15 Q. And that data can be found
 16 at -- and it gives MDL number, a Teva MDL
 17 number, correct?
 18 A. Yes.
 19 Q. Is that the Care Database?
 20 MS. HILLYER: Objection to
 21 form.
 22 THE WITNESS: That's my
 23 assumption.
 24 BY MR. CARTMELL:

1 Q. Okay. But you just told me
2 this started before 2009.

3 A. No. I thought you asked if
4 it was -- I'm sorry if I misstated that.
5 I believe that it was in 2009.

6 Q. That's when the Care
7 Database started?

8 A. I believe so.

9 Q. Okay. Are there any other
10 databases at Teva or at Cephalon, that
11 were at Cephalon, that tracked either
12 payments to doctors or payments to
13 organizations like those listed here?

14 MS. HILLYER: Objection to
15 the extent it's beyond the scope
16 of the topics.

17 You can answer if you know.

18 THE WITNESS: Those are the
19 only two that I'm aware of.

20 BY MR. CARTMELL:

21 Q. Okay. Prior to 2009, how
22 would we find out what payments had been
23 made to these organizations?

24 MS. HILLYER: Same

1 located in the Care Database?

2 A. Yes. There may be an
3 exception for clinical research work. I
4 don't believe that that would have been
5 in Care.

6 Q. Where would the donations or
7 grants for clinical study or research
8 work be tracked?

9 MS. HILLYER: Objection.
10 Beyond the scope of the topics.

11 You can answer if you know
12 in your personal capacity.

13 THE WITNESS: Within the
14 clinical or medical department.

15 BY MR. CARTMELL:

16 Q. Do you know the names of any
17 databases?

18 A. No.

19 MS. HILLYER: Same

20 objection.

21 BY MR. CARTMELL:

22 Q. Do you know the people who
23 would have most knowledge about that?

24 MS. HILLYER: Same

1 objection.

2 BY MR. CARTMELL:

3 Q. By Teva or Cephalon or
4 Actavis?

5 A. Other than by search of the
6 database and the hardcopy grant requests,
7 I'm not aware of another place to look
8 for that information.

9 Q. Sometimes there would be
10 payments as consulting fees to doctors,
11 correct?

12 A. Yes.

13 Q. Would that be in the
14 database, the Care Database that you
15 identified?

16 A. If it occurred, yes, after
17 the time that that came into effect, it
18 should be in there.

19 Q. Okay. And that -- I want to
20 also ask about compensation, including
21 serving as a faculty or speaker at a
22 venue other than a continuing education
23 program.

24 Would those payments be

1 objection.

2 THE WITNESS: No, I don't.

3 BY MR. CARTMELL:

4 Q. To be clear, those donations
5 or grants for clinical research, are
6 those sometimes made to organizations
7 like these academies and societies and
8 foundations?

9 A. Not that I'm aware of.

10 Q. But did you look for that?

11 MS. HILLYER: Objection to
12 form.

13 THE WITNESS: When we looked
14 for the payments that were made to
15 these, I don't recall seeing any
16 payments for clinical research
17 work.

18 BY MR. CARTMELL:

19 Q. Well, what was your search
20 term or your query that allowed you to
21 find these payments to these companies?

22 MS. HILLYER: Objection to
23 form.

24 BY MR. CARTMELL:

1 Q. Do you know, or did counsel
2 do it?
3 A. I believe that the --
4 MS. HILLYER: Objection to
5 the form. And beyond the scope.
6 You can answer if you know.
7 THE WITNESS: I don't know
8 specifically how that was done.
9 BY MR. CARTMELL:
10 Q. Well, you know you didn't do
11 it, right?
12 A. That's correct.
13 Q. You know -- you left that to
14 counsel?
15 MS. HILLYER: Objection to
16 form.
17 THE WITNESS: Yes.
18 BY MR. CARTMELL:
19 Q. So your notes say you looked
20 for educational grants and other support
21 on a search of hardcopy grant request
22 forms, as well as educational grants that
23 were tracked electronically from 2012 to
24 2016.

1 payments made by Teva or Cephalon or
2 Actavis to any of these foundations or
3 societies from 2000 until today?
4 MS. HILLYER: Objection to
5 form. And asked and answered.
6 You can answer again.
7 THE WITNESS: We searched
8 these databases and we searched
9 hardcopy grant request forms for
10 all of these organizations,
11 regardless of the type of grant
12 request.
13 BY MR. CARTMELL:
14 Q. And is your understanding
15 that by calling it a grant request that
16 would cover every type of payment to
17 these foundations and organizations that
18 are listed in Topic 11?
19 MS. HILLYER: Objection to
20 form. Mischaracterizes testimony.
21 MR. CARTMELL: I just don't
22 want you guys -- I'm not trying to
23 parse your words, but if there's a
24 trick here, I want to know about

1 Is that all that you looked
2 for, for payments to these societies?
3 MS. HILLYER: Objection to
4 form.
5 THE WITNESS: That's all
6 that I'm aware of where to look.
7 BY MR. CARTMELL:
8 Q. But there's other types of
9 payments that could be made to these
10 societies that aren't educational grants.
11 And that's what you looked
12 for, right?
13 MS. HILLYER: Objection to
14 form. It says "and other
15 support."
16 THE WITNESS: Or hardcopy
17 grant requests. So any grant
18 requests that came in that we
19 could identify hardcopies, we also
20 searched for those for these
21 organizations.
22 BY MR. CARTMELL:
23 Q. What other type of support
24 did you look for? Did you look for any

1 it.
2 Because I've got a hard time
3 believing this is all the payments
4 for those 20 years to these
5 organizations. In fact, I know
6 it's not.
7 So I'm trying to figure out
8 what you did to try to get all of
9 the payments to these
10 organizations.
11 MS. HILLYER: Rather than
12 try to trip him up, if you have
13 another document that shows the
14 document he's created is not
15 accurate, then why don't you show
16 that to him and ask him? Because
17 that's what he's here to testify
18 about, the identification of this
19 paper.
20 MR. CARTMELL: I don't have
21 another document with me.
22 MS. HILLYER: Then how can
23 you be so sure that he's wrong?
24 MR. CARTMELL: Because I've

1 seen documents.
 2 MS. HILLYER: Then you
 3 should have brought them today,
 4 that was the topic.
 5 MR. CARTMELL: Well, I
 6 thought he was --
 7 MS. HILLYER: All right.
 8 This is your chance to do it.
 9 MR. CARTMELL: I thought he
 10 was bringing -- this asks for all
 11 the money paid to them,
 12 compensation paid by you to all of
 13 these organizations. And he
 14 brings with him Exhibit-5 that I
 15 believe is incomplete.
 16 MS. HILLYER: And he
 17 references to lots of other Bates
 18 numbers here.
 19 MR. CARTMELL: So I just
 20 want to make sure we're covering
 21 everything.
 22 BY MR. CARTMELL:
 23 Q. Did you search for the
 24 entire time period from 2000 to 2018, or

1 today, to see if Cephalon or Actavis or
 2 Teva made any payments, regardless of
 3 whether it's related to opioids, to these
 4 organizations?
 5 MS. HILLYER: Objection.
 6 Because the topic is about
 7 opioids.
 8 MR. CARTMELL: No.
 9 MS. HILLYER: Yes, it is.
 10 Regarding opioids or opioid
 11 products. It's right in the
 12 topic.
 13 MR. CARTMELL: It's talking
 14 about the people you interacted
 15 with regarding opioids.
 16 MS. HILLYER: The whole
 17 topic is limited to opioids and
 18 opioid products. We have no
 19 obligation to look for payments to
 20 doctors or any organization that
 21 has to do with any other thing
 22 besides opioids in this
 23 litigation.
 24 MR. CARTMELL: Why?

1 MS. HILLYER: Why?
 2 MR. CARTMELL: We're
 3 entitled to know about bias. Bias
 4 is always an issue. It's always
 5 an issue.
 6 MS. HILLYER: That's what
 7 the topic is. And to the extent
 8 you want to go beyond that, we can
 9 take it up with the special
 10 master.
 11 BY MR. CARTMELL:
 12 Q. I'm going to ask beyond it.
 13 Did you search from 2000 to
 14 2020 for any types of payments made,
 15 regardless of what it is, whether it's an
 16 educational grant, whether it's an
 17 honorarium, whether it's membership dues,
 18 whether it's any type of payment to these
 19 organizations for those 18 years, for
 20 Cephalon, Actavis and Teva?
 21 MS. HILLYER: Objection to
 22 form. Beyond the scope.
 23 Tom, I think it's very
 24 clear, the topic; your

1 relationship with, compensation
 2 paid by you to, and identity of
 3 the persons who interacted with
 4 the following persons/entities
 5 regarding opioids or opioid
 6 products.
 7 Mr. Hassler, you can answer
 8 if you know in your individual
 9 capacity.
 10 THE WITNESS: What I know is
 11 we've made a diligent effort to
 12 try to find the payments to these
 13 organizations, and this is what
 14 we've been able to come up with.
 15 BY MR. CARTMELL:
 16 Q. And was it limited to
 17 payments that you believed were related
 18 to opioid marketing or promotion or
 19 sales?
 20 MS. HILLYER: Same
 21 objection.
 22 THE WITNESS: Yes, I believe
 23 that it was related to those
 24 issues.

Page 349

1 BY MR. CARTMELL:
 2 Q. So if Teva or Cephalon or
 3 Actavis made payments to these
 4 organizations that you didn't determine
 5 were related to marketing or promotion or
 6 sales of opioids, you didn't include
 7 that, correct?
 8 MS. HILLYER: Same
 9 objection.
 10 THE WITNESS: I don't know
 11 that there were any to exclude.
 12 But I can't -- I cannot
 13 answer that they would have been
 14 included if they clearly were not
 15 related to opioids.
 16 BY MR. CARTMELL:
 17 Q. You don't know because all
 18 you know is what was provided to you by
 19 counsel, correct?
 20 MS. HILLYER: Objection.
 21 Beyond the scope.
 22 You can answer in your
 23 individual capacity.
 24 THE WITNESS: By counsel and

Page 351

1 MS. HILLYER: Objection.
 2 Beyond the scope.
 3 THE WITNESS: There wouldn't
 4 have been payments specific to a
 5 brand to these organizations.
 6 These would have been grants for
 7 memberships, sponsorships,
 8 promotional presence at a meeting,
 9 if they charged for booth space,
 10 or educational grants.
 11 BY MR. CARTMELL:
 12 Q. Okay. And your testimony is
 13 that your counsel looked for all of those
 14 things that you just listed?
 15 MS. HILLYER: Objection to
 16 form.
 17 BY MR. CARTMELL:
 18 Q. Or do you know?
 19 A. In my discussion with
 20 counsel and my discussion with Paula --
 21 MS. HILLYER: I don't want
 22 you to testify as to anything you
 23 discussed with counsel.
 24 But as to Paula, you can to

Page 350

1 through the discussions that I've
 2 had with others.
 3 BY MR. CARTMELL:
 4 Q. Okay. Now, what -- were
 5 there any other pain drugs that were
 6 marketed by Cephalon or Teva or Actavis
 7 during 2000 to 2020?
 8 MS. HILLYER: Objection.
 9 Beyond the scope.
 10 MR. CARTMELL: Excuse me.
 11 2018.
 12 MS. HILLYER: Objection.
 13 Beyond the scope.
 14 You can answer if you know
 15 in your individual capacity.
 16 THE WITNESS: Amrix is
 17 another product for -- it's a
 18 muscle relaxant that can be used
 19 for low back pain.
 20 BY MR. CARTMELL:
 21 Q. So if payments were made by
 22 Cephalon or Teva or Actavis related to
 23 Amrix or other pain medications, were
 24 those payments identified on Appendix 5?

Page 352

1 the extent it wasn't something
 2 privileged.
 3 But if you have an
 4 understanding of what -- what this
 5 exhibit is or your notes here, you
 6 can testify about that.
 7 THE WITNESS: So I can't say
 8 anything about discussions with
 9 counsel.
 10 In my discussions with
 11 Paula, my understanding is that
 12 she has produced all of the
 13 information that she has regarding
 14 payments to these organizations,
 15 in addition to the database
 16 search.
 17 BY MR. CARTMELL:
 18 Q. And that would include all
 19 of the things you listed, not just
 20 educational grants, but honorarium, dues
 21 and all the other things you listed; is
 22 that right?
 23 A. The only other area is any
 24 charitable grants that would have come

1 through the Department of Social
2 Responsibility. And I'm not aware of any
3 grants to these organizations for -- from
4 that group.

5 Q. But did you look to see if
6 Cephalon made them or Actavis made them
7 or Teva made them?

8 MS. HILLYER: Objection to
9 form.

10 BY MR. CARTMELL:

11 Q. Or do you know?

12 A. I don't know.

13 Q. When you mention grants made
14 to these companies, are there typically
15 any, or are there ever any agreements or
16 strings attached related to those grants?

17 MS. HILLYER: Objection to
18 form.

19 THE WITNESS: There are
20 agreements that stipulate that for
21 educational grants that the
22 company cannot be involved in the
23 development of the content or
24 review of the content that's

1 developed in conjunction with the
2 grant.

3 There are also stipulations
4 that if all of the grant money
5 that was requested for a specific
6 educational event is not -- or
7 activity or program is not used
8 for that program, that the
9 organization has to return that
10 money.

11 BY MR. CARTMELL:

12 Q. Okay. But there's a written
13 agreement, typically?

14 A. Yes.

15 Q. I take it there's other
16 terms of that agreement?

17 A. Yes.

18 Q. And those were produced in
19 this case?

20 MS. HILLYER: Objection to
21 the extent that's beyond the
22 scope.

23 You can answer if you know.

24 THE WITNESS: To the extent

1 that we were able to find them, I
2 believe so.

3 BY MR. CARTMELL:

4 Q. Okay. Back to Appendix 5.
5 This lists all the societies you found
6 payments to and some that you say you
7 didn't find any.

8 You don't give any amounts
9 for the payments. But, yet, the question
10 asks for the amount paid by Cephalon and
11 Teva and Actavis.

12 Why didn't you list any
13 amounts?

14 A. I believe that they are
15 included in these documents that have
16 been produced.

17 Q. Okay. Do you have any idea,
18 as you sit here today, testifying under
19 oath, what those amounts are?

20 MS. HILLYER: Objection to
21 form, to the extent you're asking
22 him to identify the individual
23 payments made, over a 20-some-year
24 period, for five different

1 companies to -- I can't even do
2 the math on how many entities and
3 individuals.

4 But you can answer.

5 MR. CARTMELL: So here is
6 the problem, and I'm objecting to
7 this.

8 MS. HILLYER: Okay.

9 MR. CARTMELL: Because we
10 asked for the amount paid to each
11 of these organizations. We wanted
12 testimony, under oath, from a
13 corporate representative that
14 binds the company on those
15 amounts.

16 Your testimony so far, Mr.
17 Hassler, has been that these
18 documents have those amounts, but
19 yet you didn't provide that.

20 So I object. And we will
21 want testimony on the amounts, as
22 we asked, under oath.

23 MS. HILLYER: And to respond
24 to that, you have an obligation to

1 come here with whatever you want
 2 to ask him about. He's here to
 3 testify and answer your questions.
 4 The question of what was
 5 paid for 20 years for five
 6 companies to 20-some entities is
 7 not a legitimate question in a
 8 deposition.
 9 He's given you notes and
 10 documents that refer to many, many
 11 Bates numbers, including
 12 databases, where he's testified
 13 where all of the numbered -- all
 14 of those numbers are located.
 15 You knew about these
 16 databases. You've asked us about
 17 these databases. We've had
 18 conversation with our handler, Mr.
 19 Crawford, who is at the table,
 20 about these kind of databases. So
 21 you knew about them and could have
 22 brought them here to have him
 23 confirm or validate, or whatever
 24 you want him to do.

1 you sit here today, you do not know any
 2 specific amounts paid by either Cephalon,
 3 Actavis or Teva to any of these
 4 organizations that you have identified
 5 received payments from those companies;
 6 is that correct?
 7 MS. HILLYER: Objection.
 8 Asked and answered. And
 9 mischaracterizes his testimony.
 10 You can answer.
 11 THE WITNESS: I don't know
 12 the specific amounts paid to each
 13 organization.
 14 BY MR. CARTMELL:
 15 Q. And have you, under
 16 contacts, identified the people that you
 17 believe were the ones who interacted with
 18 these companies related to the payments?
 19 A. Yes. That were related to
 20 the payments or that interacted with
 21 those companies.
 22 Q. Okay.
 23 A. Interacted with those
 24 organizations.

1 This is your deposition, you
 2 can control it how you want to.
 3 He's answering your
 4 questions.
 5 MR. CARTMELL: Just to
 6 respond -- we'll take it up, we
 7 don't need to do this. But for
 8 the record, we're entitled to a
 9 period of time, and 20 years is
 10 not too much. And you have the
 11 information and you have the
 12 obligation to provide a witness to
 13 testify to it.
 14 MS. HILLYER: And we've done
 15 that.
 16 MR. CARTMELL: Regardless of
 17 what we have, because we don't
 18 know that you produced everything.
 19 So -- and I did bring some
 20 documents, and we'll look at those
 21 in a second.
 22 MS. HILLYER: Okay.
 23 BY MR. CARTMELL:
 24 Q. Okay. So is the answer, as

1 Q. Your notes say that for
 2 Actavis you don't believe that they made
 3 any payments to any of the organizations
 4 listed, correct?
 5 Let me show you what I'm
 6 talking about. For the acquired Actavis
 7 entities, based on a reasonable
 8 investigation, they did not provide
 9 compensation related to their generic
 10 opioids to the entities or doctors
 11 listed.
 12 Is that true?
 13 A. That is my understanding.
 14 Q. And how did you come to that
 15 understanding?
 16 A. In asking my counsel whether
 17 they had -- whether Actavis had any
 18 materials that spoke to this issue and
 19 whether there were any payments that
 20 could be identified, they were unable to
 21 produce any information that showed
 22 payments to these organizations or these
 23 doctors.
 24 Q. Okay. And then as far as

Page 361

1 Teva payments prior to 2009 related to --
2 well, strike that.

3 As far as Teva payments to
4 any of these organizations that are
5 listed here, prior to 2009, you have
6 looked within the hardcopies or in the
7 documents, or your counsel has, and have
8 not -- or have only found the payments
9 that are listed on Appendix 5, correct?

10 MS. HILLYER: Objection to
11 form.

12 You can answer.

13 MR. CARTMELL: What's the
14 reason for the objection?

15 MS. HILLYER: I think some
16 of these other Bates numbers here,
17 perhaps, I don't know exactly if
18 they identify payments prior to
19 2009 or not.

20 So you're limiting it to
21 Appendix 5, but there's other
22 Bates labeled numbers in
23 Appendix -- Exhibit-1.

24 MR. CARTMELL: Okay.

Page 362

1 BY MR. CARTMELL:

2 Q. You think there's some
3 payments from Teva to these organizations
4 before 2009 when they became tracked?

5 A. I don't know specifically
6 which organization had payments listed
7 prior to 2009.

8 But I do believe that there
9 are payments, as part of these materials,
10 that predate 2009.

11 Q. Let me ask you, Mr. Hassler,
12 some of these payments listed on Appendix
13 5, is your understanding that they came
14 from Teva, and -- prior to 2011, and not
15 Cephalon?

16 MS. HILLYER: Objection to
17 form.

18 BY MR. CARTMELL:

19 Q. Or do you know?

20 A. In looking at the grants
21 that I had reviewed, I don't recall any
22 payments from Teva to any of these
23 organizations prior to the Cephalon
24 acquisition.

Page 363

1 Q. Okay. I'm sticking with
2 organizations right now, and I want to
3 hand you what's been marked as
4 Exhibit-22.

5 MR. JENSEN: It's two
6 documents and they're bound
7 separately. So it would just be
8 unwieldy if we gave it to you as a
9 single document. But it's an
10 e-mail and an attachment.

11 MS. HILLYER: Are they
12 consecutive Bates numbers or no?

13 MR. JENSEN: Yes, they are
14 consecutive.

15 MS. HILLYER: Do you want to
16 make it -- do you just want to do
17 22 and 23? I'm afraid it will get
18 lost, because it has no label on
19 it.

20 MR. CARTMELL: That's fine.
21 That's cool.

22 - - -

23 (Whereupon, Teva-Hassler
24 Exhibit-022,

Page 364

1 TEVA_MDL_A_06557274-277, was
2 marked for identification.)

3 - - -

4 (Whereupon, Teva-Hassler
5 Exhibit-023, TEVA_MDL_A_06557278,
6 was marked for identification.)

7 - - -

8 BY MR. CARTMELL:

9 Q. You'll see that on
10 Exhibit-22, which is the e-mail, attached
11 is a grant history report that I just ran
12 from January 1, 2013 through September 1,
13 2014.

14 Do you see that?

15 A. Yes.

16 Q. And attached to this is the
17 grant history report that is being
18 referred to that's Exhibit-24. It's very
19 small writing.

20 But do you know what
21 database this is?

22 A. Could I take a moment to
23 review it?

24 Q. Sure.

Page 365

1 Is this one of the databases
2 that was searched so you could testify
3 under oath about this Topic 11?
4 MS. HILLYER: Objection to
5 the form to the extent that's
6 beyond the scope.
7 You can answer if you know.
8 The question is the
9 relationship --
10 MR. CARTMELL: He was
11 supposed to do the work. You guys
12 did it. He has to know what you
13 did.
14 MS. HILLYER: That's
15 actually not -- he has to know the
16 answers to the topic. The topic
17 isn't the database where your
18 information about this is made.
19 MR. CARTMELL: You responded
20 to the topic with an answer that
21 says, here is the database. So he
22 has to know what the database is.
23 MS. HILLYER: He answered
24 about those databases.

Page 367

1 testified about what the database
2 was.
3 BY MR. CARTMELL:
4 Q. Do you know the answer to
5 the question, sir?
6 A. I can't tell whether this --
7 what database this was pulled from.
8 Q. Okay. But this looks
9 like to be a database from Teva during
10 that period of time, '13 to '14, that
11 shows that grants were made to
12 organizations, correct?
13 A. Yes.
14 Q. And it gives things like the
15 reason for the grant.
16 So I'm looking at one called
17 pain warrior bracelets and advocacy
18 program, I'll highlight it for you, for
19 instance. That's the U.S. Pain
20 Foundation, Inc.
21 A. What page is this?
22 Q. Right on the inside cover.
23 MS. HILLYER: He's looking
24 right on here. It's in here

Page 366

1 MR. CARTMELL: Your answer
2 is, it's a database.
3 MS. HILLYER: But you don't
4 know what's in this exhibit. So
5 you're asking him a question with
6 a printout that he has no context
7 for, and you're saying, is this
8 what you looked at? And that's an
9 unfair question.
10 And it's beyond the scope to
11 take some random document out of
12 context and ask about the
13 database. -
14 MR. CARTMELL: We know
15 that -- his response was we
16 searched a database on grants. We
17 have an e-mail from Teva saying,
18 this is a database on grants.
19 I'm entitled to ask him, and
20 it's not beyond the scope, whether
21 this is the database he searched.
22 And he should know.
23 MS. HILLYER: We can
24 disagree about that. He's

Page 368

1 somewhere. This one.
2 BY MR. CARTMELL:
3 Q. And the U.S. Pain Foundation
4 was one of the organizations on the list
5 that we asked you about, correct?
6 A. Yes.
7 Q. And this is a \$30,000
8 request and a payment of \$20,000. And
9 then it says the reason is policy
10 advocacy, correct?
11 A. I see that.
12 Q. What does that mean, policy
13 advocacy? Were you trying to get these
14 organizations to advocate for policies
15 that you wanted?
16 MS. HILLYER: Objection to
17 form.
18 THE WITNESS: I don't know
19 specifically what -- what that was
20 endorsing or supporting.
21 BY MR. CARTMELL:
22 Q. I'm just curious, a few
23 above that, it says there's a grant
24 request invisible project, U.S. Pain

1 Foundation, Inc.
 2 Do you know what an
 3 invisible project is?
 4 A. I do not.
 5 Q. It's a request for \$125,000.
 6 Do you see that? And that
 7 one was declined.
 8 A. Yes, I see it.
 9 MS. HILLYER: It might be
 10 easier to look on there.
 11 THE WITNESS: Yes, I see it.
 12 BY MR. CARTMELL:
 13 Q. You also have -- I want to
 14 go to another page and ask you if you
 15 know what something means. There's --
 16 I'll show it to you on the Elmo for you.
 17 But it talks about payments
 18 to the U.S. Pain Foundation, more
 19 payments to them, for pain warrior
 20 initiative.
 21 Do you know what the pain
 22 warrior initiative is?
 23 A. I don't.
 24 Q. I'm going to put mine up.

1 Q. It's under your notes?
 2 A. Yes.
 3 I don't believe in Appendix
 4 5 that we had -- I had listed any. I
 5 believe that those are --
 6 Q. On Exhibit-1?
 7 A. -- are listed on the
 8 exhibits that are listed on the note.
 9 Q. And I'm pointing to it, I
 10 think.
 11 What you listed, is this,
 12 did you include all the documents that
 13 exhaust all those payments to these
 14 doctors?
 15 A. I don't know what you mean.
 16 Q. Well, I'm trying to
 17 understand.
 18 You cite to one, two, three,
 19 four documents here, and you say that
 20 they, I'm guessing, are going to show us
 21 that payments were made to the doctors
 22 you list here, correct?
 23 A. Yes.
 24 Q. So were you trying to list

1 You'll see it at the bottom
 2 here, I've highlighted it. It's for
 3 general advocacy.
 4 What does general advocacy
 5 mean? Why were you paying \$40,000 in
 6 these last two entries to the U.S. Pain
 7 Foundation for general advocacy?
 8 MS. HILLYER: Objection to
 9 form.
 10 THE WITNESS: We would have
 11 to look at the specific grant
 12 request.
 13 BY MR. CARTMELL:
 14 Q. Do you have any idea what
 15 "general advocacy" means, as you sit here
 16 today?
 17 A. In this context, no.
 18 Q. Now, in response to this
 19 topic, we also asked for payments, as we
 20 discussed, to multiple doctors.
 21 And did you provide any
 22 specific payments, or response on
 23 Appendix 5, for any payments to doctors?
 24 A. It was --

1 or give us every document that you found
 2 that had to do with a payment made to
 3 these doctors, or were you just giving
 4 examples?
 5 A. My understanding of these
 6 documents is these are the payments that
 7 we were able to find that were made
 8 directly from the company to these
 9 doctors.
 10 Q. So we should have the
 11 documents for -- all the documents you
 12 were able to find reflecting payments to
 13 these doctors that we've asked for,
 14 correct?
 15 A. That's my understanding.
 16 Q. Do you know any totals for
 17 the amounts of the payments made to
 18 doctors that we've asked about here? Let
 19 me show the list.
 20 Here is a list of doctors.
 21 Do you have any totals for the amount of
 22 money that either Cephalon or Actavis or
 23 Teva paid these doctors from 2000 until
 24 2018?

1 A. I believe that these
2 documents list those payments, the sums
3 that we were able to identify and the
4 date, the year date, that they were paid.

5 Q. So we can get those
6 documents that you've identified, go
7 through them, and that would be, in your
8 mind, the sum total of the payments made
9 by either Actavis or Cephalon or Teva
10 related to opioids?

11 A. That's what we've been able
12 to find, based on the investigation that
13 we've made to date.

14 Q. Did you determine whether or
15 not some payments could be made to these
16 doctors related to any other medications,
17 like Amrix, or did you just look for the
18 opioid?

19 MS. HILLYER: Objection.

20 Beyond the scope.

21 You can answer.

22 BY MR. CARTMELL:

23 Q. Or do you know?

24 A. I don't know whether we put

1 any criteria around the payments to these
2 doctors or not, to exclude any.

3 Q. That's because they did the
4 search and you don't remember whether
5 they did or not, correct?

6 MS. HILLYER: Objection.
7 Mischaracterizes his testimony.

8 THE WITNESS: I don't -- I
9 don't know whether we put any
10 exclusion criteria in place.

11 - - -

12 (Whereupon, Teva-Hassler
13 Exhibit-024, TEVA_MDL_A_03413816,
14 was marked for identification.)

15 - - -

16 BY MR. CARTMELL:

17 Q. I'm going to hand you what's
18 been marked as Exhibit-24.

19 Exhibit-24 was produced by
20 Teva in this litigation. And it's really
21 small writing, so I apologize for that.

22 But my belief is that this
23 is some sort of database that tracks
24 payments to physicians.

1 Do you see that?

2 MS. HILLYER: For the
3 record, this is the Bates number
4 that's referenced in his notes.

5 MR. CARTMELL: Which Bates
6 number? Why don't you read it in,
7 if you don't mind?

8 MS. HILLYER:
9 TEVA_MDL_A_03413816.

10 BY MR. CARTMELL:

11 Q. Do you know the name of this
12 database that tracks payments to doctors?

13 A. I've always referred to that
14 as the Care System.

15 Q. Your counsel indicated to
16 us, in written correspondence, that there
17 was a database called Compliance Payments
18 Database. And it states, Since 2009, the
19 compliance department has maintained data
20 regarding payments made to healthcare
21 professionals, organizations and
22 institutions in its payment database.

23 A. That sounds like the same
24 database.

1 MR. CARTMELL: Is it?

2 MS. HILLYER: I'm not under
3 oath. I'd have to look at the
4 document. I think it is.

5 MR. CARTMELL: You can't
6 tell me.

7 MS. HILLYER: If we don't
8 have Care on there otherwise,
9 then, yes, that's the same. I
10 mean, Care is a major.

11 MR. CARTMELL: There is a
12 Care System.

13 MS. HILLYER: System and
14 database may be two different
15 things.

16 MR. CARTMELL: I think it's
17 different.

18 MS. HILLYER: If you want to
19 show him that.

20 BY MR. CARTMELL:

21 Q. Look at the Care --

22 MS. HILLYER: He's comparing
23 this versus this.

24 THE WITNESS: So I believe

1 the Care System feeds the
2 Compliance Payments Database.
3 BY MR. CARTMELL:
4 Q. I'm sorry?
5 A. I believe the Care System
6 feeds the Compliance Payments Database.
7 The Care System is the
8 system that captures the request,
9 captures the evaluation and approval of
10 the payment and the payment made. And I
11 believe that that feeds the Compliance
12 Payments Database.
13 Q. I see. And your
14 recollection is that this database
15 started with Cephalon in 2009 and came
16 with Cephalon after the acquisition,
17 correct?
18 A. Yes.
19 Q. So as far as finding
20 payments to doctors prior to 2009, how do
21 we find those?
22 A. Paula Williams would have
23 had grant requests that would have been
24 paper-based requests. And her files for

1 Cephalon would be the place that -- and
2 then any specific projects, it would be
3 all a hardcopy search.
4 Q. Okay. But prior to 2009, at
5 least at Cephalon, you don't know of any
6 database or warehousing or archiving of
7 payments made to doctors; is that fair to
8 say?
9 A. Yes.
10 Q. Okay. And just so I don't
11 forget to ask, at Teva, prior to 2009,
12 was there any archiving or warehousing,
13 or how would we find payments made to
14 doctors by Teva related to opioids prior
15 to 2011 -- 2009, excuse me?
16 A. I'm not aware of any
17 payments that we would have been -- that
18 would have been made by Teva to doctors,
19 prior to the acquisition of Cephalon.
20 Q. And what about Actavis,
21 prior to 2016, did they have any
22 databases or warehousing or archiving of
23 payments made to doctors related to their
24 generic opioids?

1 A. Not that I'm aware of.
2 Q. Okay. But you mentioned a
3 minute ago that we're talking about
4 grants.
5 But on this database that
6 comes from Teva and started with
7 Cephalon --
8 MS. HILLYER: And you're
9 looking at Exhibit-24?
10 MR. CARTMELL: Exhibit-24.
11 BY MR. CARTMELL:
12 Q. -- it talks about a lot of
13 different types of payments made to
14 doctors, including -- and I'm going to
15 point to them, it's so small --
16 consulting fees --
17 MS. HILLYER: Print it on
18 big paper.
19 MR. CARTMELL: Okay. I do
20 have it on bigger paper.
21 MS. HILLYER: It's all
22 right.
23 MR. CARTMELL: I'll show it
24 to you on bigger paper. Here it

1 is. You've got to trust me,
2 though, that this is everything.
3 You can double check me.
4 BY MR. CARTMELL:
5 Q. These are the payments that
6 you identify at Teva and at Cephalon,
7 consulting fees to doctors; compensation
8 for services other than consulting,
9 including serving as a faculty or as a
10 speaker at a venue other than a
11 continuing education program; honoraria;
12 gifts to doctors; entertainment payments
13 for doctors; food and beverage payments
14 for doctors; travel and lodging payments
15 for doctors; education payments for
16 doctors; charitable contributions to
17 doctors; royalty or license for doctors;
18 current or prospective ownership or
19 investment interests; compensation for
20 serving as faculty or as a speaker for a
21 non-accredited and non-certified
22 continuing education program;
23 compensation for serving as a faculty or
24 a speaker for an accredited or certified

1 continuing education program; a grant --
 2 and you've talked a lot about grants,
 3 right? That's one type of payment,
 4 right?
 5 A. Yes.
 6 Q. And then space rental or
 7 facility fees are another type of
 8 payment, correct?
 9 A. Yes.
 10 Q. So those are all the types
 11 of payments that Teva or Cephalon were
 12 making to doctors, correct?
 13 A. This is the list of all of
 14 the payments that would be captured in
 15 the Care System.
 16 Q. Okay. And could be
 17 categorized, each type of payment, by one
 18 of those categorizations, correct?
 19 A. Yes.
 20 Q. And I want to ask about
 21 this.
 22 If you look at the inside
 23 page, there's a reference to Vantrela.
 24 Do you see that?

1 A. No.
 2 Q. Didn't sell it to anybody?
 3 A. No.
 4 Q. Or prescribe it to anybody?
 5 A. No.
 6 Q. Why was it that it was
 7 approved by the FDA but then never
 8 launched by Teva?
 9 MS. HILLYER: Objection.
 10 Beyond the scope.
 11 You can answer to the extent
 12 you know.
 13 THE WITNESS: Teva was
 14 attempting to develop an
 15 abuse-deterrent formulation of
 16 opioids. This was the first one
 17 among a group of three.
 18 The product took much longer
 19 to come to market and gain
 20 approval than we had anticipated.
 21 During that time period, we
 22 learned more about the product and
 23 the marketplace and found that
 24 payors didn't want to reimburse a

1 A. Yes.
 2 Q. Vantrela is a Class II
 3 opioid, correct, or was?
 4 A. It was in development, yes.
 5 Q. Vantrela was an opioid that
 6 was in development at Teva, correct?
 7 A. Yes.
 8 Q. And it was Vantrela ER, I
 9 think, which is -- does that mean early
 10 release?
 11 A. Extended release.
 12 Q. Extended release, okay.
 13 And, actually, Teva sought
 14 approval from the FDA for Vantrela,
 15 correct?
 16 A. Yes.
 17 Q. And Teva got approval for
 18 Vantrela ER, correct?
 19 A. Yes. Much later than we
 20 anticipated.
 21 Q. And then, actually, I think,
 22 Teva launched Vantrela ER, correct?
 23 A. No.
 24 Q. Never put it on the market?

1 product at a higher price than
 2 they were paying for the generics
 3 for an abuse-deterrent product.
 4 Patients didn't perceive the
 5 need for the product, because they
 6 didn't perceive themselves as
 7 abusers. Physicians didn't want
 8 to be gatekeepers and force this
 9 onto patients.
 10 We had -- through that time
 11 period, we came across some
 12 intellectual property concerns
 13 that we weren't aware of early on
 14 that raised questions as to, even
 15 after approval, whether we would
 16 be able to bring the product to
 17 market.
 18 And at least one of the two
 19 follow-on products failed to meet
 20 the profile that we had
 21 anticipated when we initiated
 22 development of the product.
 23 And so it just didn't look
 24 like this product was going to be

1 well accepted in the market. And,
 2 at the same time, Teva ran into
 3 some financial difficulties and
 4 had to prioritize which products
 5 they were going to launch and
 6 which ones they weren't. And the
 7 decision was made not to launch
 8 this drug.
 9 BY MR. CARTMELL:
 10 Q. What were the other two
 11 opioids in development?
 12 MS. HILLYER: Objection.
 13 Beyond the scope.
 14 You can answer.
 15 THE WITNESS: I don't
 16 remember the specific
 17 formulations.
 18 BY MR. CARTMELL:
 19 Q. They didn't have names yet?
 20 A. No. They were
 21 immediate-release opioid products, I just
 22 don't remember the type.
 23 Q. Okay. Why was it that Teva
 24 was paying doctors for things like food

1 and beverage, travel and lodging,
 2 consulting related to Vantrela, if it was
 3 never on the market?
 4 A. Do you have that list that
 5 provided any more detail? Because I'm
 6 speculating.
 7 I know that we had
 8 launched -- or that we had advisory
 9 meetings to seek advice and counsel from
 10 thought leaders in this area. But
 11 without being able to look specifically,
 12 I'm not sure if that's what these
 13 particular payments were for.
 14 Q. Do you know the names of any
 15 of those thought leaders that gave advice
 16 to Teva about those opioids?
 17 MS. HILLYER: Objection.
 18 Beyond the scope.
 19 THE WITNESS: I don't. I
 20 know that there were some that
 21 were involved in our preparation
 22 for the FDA advisory meeting, but
 23 I do not recall who they were.
 24 BY MR. CARTMELL:

1 Q. Okay. Does Teva have any
 2 abuse-deterrent opioids on the market?
 3 MS. HILLYER: Objection.
 4 Beyond the scope.
 5 THE WITNESS: Not that I'm
 6 aware of.
 7 BY MR. CARTMELL:
 8 Q. Any plans to launch any of
 9 those?
 10 MS. HILLYER: Objection.
 11 Beyond the scope.
 12 We've been going an hour and
 13 ten minutes.
 14 MR. CARTMELL: We can take a
 15 break, and then we're done with
 16 this topic. We'll kind of
 17 decide --
 18 MS. HILLYER: Let's go off
 19 the record.
 20 VIDEO TECHNICIAN: Going off
 21 the record. Time is 6:11 p.m.
 22 -- --
 23 (Whereupon, a brief recess
 24 was taken.)

1 - - -
 2 VIDEO TECHNICIAN: Back on
 3 the record at 6:23 p.m.
 4 BY MR. CARTMELL:
 5 Q. Mr. Hassler, I want to ask
 6 just a few more questions about Topic 11.
 7 We're talking about payments
 8 made to doctors by Cephalon and Teva and
 9 Actavis. And we know from the Teva
 10 database that we looked at that tracks
 11 payments to doctors, I think that was
 12 Exhibit-24, there's a listing of the
 13 nature of the payments and the form of
 14 the payments.
 15 You'll remember that that's
 16 the small language here. And I put on
 17 the document -- I put on the Elmo the
 18 blow-up of what it says. And I asked you
 19 about the nature of payments or transfer
 20 of value that is tracked by Teva, and was
 21 by Cephalon, but I didn't ask you about
 22 the form of payment or transfer of value.
 23 It states that, The form of
 24 payments can be in cash or the cash

1 equivalent or in-kind items and services
2 or stock, or stock options, or any other
3 ownership interest or dividend, profit or
4 other return on investment.

5 Do you see that?

6 A. I do.

7 Q. So your company was tracking
8 these types of payments, whether it's
9 cash or stock or options or other things,
10 to these doctors, correct?

11 MS. HILLYER: Objection to
12 the extent this document doesn't
13 reflect payments to the doctors
14 identified in Topic 11.

15 But you can answer.

16 THE WITNESS: That's my
17 understanding.

18 BY MR. CARTMELL:

19 Q. And did you, in your search,
20 or did the lawyers for you, search for
21 these types of payments other than just
22 cash? Did you search for payments to
23 doctors that were in the form of in-kind
24 items or services or stock or stock

1 options or dividends or profits or things
2 like that?

3 A. Not that I'm aware of. But
4 I also don't know that we made any of
5 those payments in the U.S.

6 Q. But you wouldn't know if
7 Cephalon did, right, because you weren't
8 there?

9 A. That's correct.

10 Q. And you wouldn't know if
11 Actavis did, correct?

12 A. Correct.

13 MR. CARTMELL: That's all I
14 have. Thanks.

15 MR. CRAWFORD: Just for the
16 record, I think we're reserving,
17 what, four topics for next time?

18 MS. HILLYER: Sounds about
19 right.

20 MR. CRAWFORD: 35, 37, 38,
21 40, and that will be joined with
22 the remaining topics that we
23 didn't cover today. And whatever
24 remaining time we have left.

1 Thank you.

2 MS. HILLYER: And I just
3 want to put a marker on the record
4 here as to this is the time
5 they've gone on the record so far.

6 VIDEO TECHNICIAN:
7 Six/fourteen.

8 - - -

9 EXAMINATION

10 - - -

11 BY MS. HILLYER:

12 Q. Mr. Hassler, I just have a
13 few brief questions for you.

14 MR. CRAWFORD: Let me just
15 state on the record, I don't know
16 if your voice does, but it's six
17 hours, 14 minutes is what we took
18 today.

19 BY MS. HILLYER:

20 Q. The documents that you
21 brought with you today, Mr. Hassler, you
22 testified that you were relying on them
23 for purposes of your deposition today; is
24 that correct?

1 A. Yes.

2 Q. Did you rely on them to
3 prepare for your deposition?

4 A. No. There were other
5 documents that I read to prepare. These
6 were my notes to try to help remind me of
7 the other documents and what I had
8 prepared for to answer the questions.

9 Q. And in Exhibit-1, the
10 columns that say notes and references,
11 are those -- did you intend for those to
12 be comprehensive answers to the topics
13 listed here?

14 A. No. These were my -- these
15 were my notes to help me answer the
16 questions.

17 Q. I want to clarify some
18 questioning around sales and marketing
19 for generics that occurred earlier today.

20 Mr. Hassler, did Teva detail
21 doctors for generics?

22 A. No.

23 Q. Did Actavis detail doctors
24 for generics?

1 A. No.
2 Q. Did Teva promote for
3 generics?
4 A. No. They announced product
5 availability.
6 Q. And did Actavis promote for
7 generics?
8 A. No.
9 Q. There was also testimony
10 earlier today concerning the components
11 of compensation for Teva generics and
12 Actavis generics, I believe it was sales
13 and marketing.
14 Do you recall that
15 testimony?
16 A. Yes.
17 Q. Can you please clarify
18 what -- to what extent opioids or the
19 sale of opioids is or is not a component
20 of compensation for Teva generics sales
21 and marketing?
22 A. The --
23 MR. CARTMELL: Let me just
24 object.

1 testimony on that?
2 MR. CARTMELL: Same
3 objections.
4 THE WITNESS: It didn't
5 matter what individual product
6 sold. What mattered was, did the
7 portfolio reach the threshold that
8 had been set as a goal for the
9 year.
10 BY MS. HILLYER:
11 Q. And is that the same for
12 Actavis generics?
13 A. Yes.
14 Q. There was also testimony
15 about where to locate sales and marketing
16 materials for Actiq and Fentora before
17 2009.
18 Do you recall that
19 testimony?
20 A. I do.
21 Q. And you testified that that
22 could be found in certain individuals'
23 files.
24 Do you recall that?

1 MS. HILLYER: You know what,
2 we're still on mute. We've been
3 on mute. We're off mute. Sorry.
4 Do you remember the
5 question?
6 THE WITNESS: Yes.
7 The bonus component was
8 based on overall company sales.
9 The mix didn't matter of the
10 portfolio and what products sold.
11 The bonus component was the extent
12 to which the company met, exceeded
13 or failed to meet the target
14 objectives for overall sales.
15 BY MS. HILLYER:
16 Q. So if sales for generic
17 opioids that year had been zero, the
18 target bonus still could have been met;
19 is that accurate?
20 MR. CARTMELL: Object.
21 Asked and answered. Misstates the
22 witness's testimony.
23 BY MS. HILLYER:
24 Q. Can you clarify your

1 A. Yes.
2 Q. Are you aware of any other
3 locations now that -- where that
4 information could be found that you
5 recall now?
6 A. Yes. After thinking about
7 it, there's also a shared drive for sales
8 and marketing that would house those
9 materials. And that's another place that
10 could be searched.
11 Q. Okay. And, lastly, you
12 mentioned the name Jamie Burlanska who
13 might have had involvement with PDRC.
14 Did you mean to say that?
15 A. It was a Jamie. But I got
16 the last name wrong. I can't recall
17 the -- her -- Jamie's last name that
18 worked in regulatory.
19 MS. HILLYER: Okay. I have
20 no further questions at this time.
21 MR. CARTMELL: Let me just
22 follow-up real quick, Mr. Hassler,
23 on the questions about the bonus
24 structure.

1 MS. HILLYER: Just to be
2 clear, you have a
3 minute-for-minute reply.

4 - - -
5 EXAMINATION

6 - - -
7 BY MR. CARTMELL:

8 Q. You're talking about Teva's
9 policy related to compensation for the
10 salespeople, correct?

11 A. Yes.

12 Q. And I take it there's a
13 policy related to that; is there not?

14 A. There was an annual bonus
15 program.

16 Q. Okay. And do you know if
17 the documents related to what matters, as
18 far as salespeople's compensation at
19 Teva, have been produced in this
20 litigation?

21 A. I don't know specifically
22 what's been produced.

23 Q. But is there an SOP or a
24 policy that talks about bonus or

1 incentive pay for salespeople that has
2 been in force at Teva?

3 A. On the branded side, there
4 has been. On the generic side, my
5 understanding is that it was a common
6 bonus program across all the
7 bonus-eligible associates on the generic
8 side, based on whether they hit their
9 sales thresholds or not.

10 And then underneath that,
11 individual performance objectives for
12 that person and how well they performed
13 certain aspects of their job that they
14 identified with their boss, goals at the
15 beginning of the year, and then evaluated
16 against those goals at the end of the
17 year.

18 Q. But you identified, and I
19 think you did before, and I want to make
20 sure you haven't changed your testimony,
21 but I think you said one factor is how
22 the organization does as far as meeting
23 their goals on sales, right?

24 A. Yes.

1 Q. And that's the whole
2 organization, right, that you're talking
3 about, that that's the first factor,
4 correct?

5 A. For -- that was Teva U.S.
6 generics. For how that -- how that --

7 Q. Right.

8 A. -- entity did.

9 Q. And then the second factor,
10 you look at the individual and how their
11 performance was, correct?

12 A. Yes.

13 Q. And one element of their
14 performance is their sales of their
15 products, correct?

16 A. Not that I'm aware of on the
17 generic side.

18 Q. It is on the branded side?

19 A. Yes.

20 Q. So when they were selling
21 Fentora or Actiq, it would apply to them?
22 The amount of opioids they sold would
23 affect their bonus, correct?

24 A. Yes, on the branded side it

1 did.

2 Q. Okay. On the generic side,
3 your testimony is that, even if a
4 salesperson had a generic opioid in their
5 portfolio that they were supposed to
6 sell, the fact that they had a down year
7 of opioids, or any other product,
8 wouldn't affect their bonus?

9 A. I don't -- I'm not aware of
10 sales quotas at the sales representative
11 level on the generic side. My
12 understanding, what's been shared with
13 me, is they got paid on whether or not
14 the company hit its sales objectives
15 overall, and then evaluated by their
16 manager as to how well they performed
17 their job.

18 Q. Okay. But would you agree
19 with me that because the company's sales
20 quotas are a factor, then, obviously, the
21 amount of opioid sales is one component
22 of that?

23 MS. HILLYER: Asked and
24 answered. And mischaracterizes

1 his testimony.
 2 THE WITNESS: The component
 3 is the sales goal.
 4 BY MR. CARTMELL:
 5 Q. Right. Of opioids we're
 6 talking about?
 7 MS. HILLYER: Objection.
 8 THE WITNESS: No. The
 9 component is Teva generic sales
 10 relative to their goal.
 11 The mix of the portfolio to
 12 achieve that sales component
 13 didn't matter. Any mix of
 14 products that got to that sales
 15 level would -- was what determined
 16 their payout.
 17 BY MR. CARTMELL:
 18 Q. I understand. But if you
 19 had a mix of a portfolio that included
 20 opioids, and you didn't sell a single
 21 opioid, that could prohibit you, as an
 22 individual, to meeting your quota?
 23 MS. HILLYER: Objection to
 24 form.

1 BY MR. CARTMELL:
 2 Q. Am I right?
 3 MS. HILLYER: Objection to
 4 form.
 5 THE WITNESS: Let me use my
 6 words. And that is that the
 7 component that they paid on for
 8 that piece of the bonus was based
 9 on overall sales results.
 10 The portfolio of products,
 11 which could include opioids, would
 12 feed into that component or be
 13 compensated -- if they were low on
 14 opioids, it could be compensated
 15 by other products.
 16 BY MR. CARTMELL:
 17 Q. Right. So my point is,
 18 would you agree with me, then, that in
 19 any one individual, if the portfolio
 20 included opioids -- or for the company as
 21 a whole, if the company has a sales goal
 22 and it -- included in the portfolio is
 23 opioids, the fact that if opioid sales
 24 were way down, that could, I'm not saying

1 THE WITNESS: It wasn't on
 2 an individual level, it was at the
 3 company level for Teva generics.
 4 BY MR. CARTMELL:
 5 Q. I understand.
 6 So if opioids performed
 7 horribly in the mix of all the generics,
 8 that could cause the quota for the
 9 company not to be met, potentially?
 10 A. Unless you had sales of some
 11 of the other products that would
 12 compensate for it.
 13 Q. I understand.
 14 But my point is simply that
 15 the sales of opioids are a component of
 16 that, because they're one of many
 17 generics being sold; that's my only
 18 point?
 19 MS. HILLYER: Objection to
 20 form. I'm just quibbling with the
 21 term "component." But I think
 22 we're almost getting to the point
 23 where we all understand each
 24 other.

1 it would, that could potentially affect
 2 the bonus, because the goal wouldn't be
 3 met?
 4 MS. HILLYER: Objection to
 5 form. And asked and answered.
 6 You can answer again. And I
 7 think you're just about out of
 8 time.
 9 MR. CRAWFORD: I have one
 10 question, too.
 11 MS. HILLYER: Your time is
 12 up.
 13 THE WITNESS: If the company
 14 failed to meet its overall sales
 15 goal, then all of the individuals
 16 that were part of that bonus plan
 17 would suffer the consequence of
 18 that.
 19 BY MR. CARTMELL:
 20 Q. And if opioids was a really
 21 bad performer in a year that some other
 22 drug didn't pick it up, it could be a
 23 factor in not meeting a bonus quota?
 24 That's my only point.

<p style="text-align: right;">Page 405</p> <p>1 MS. HILLYER: Objection.</p> <p>2 Asked and answered. Repeatedly.</p> <p>3 We're out of time.</p> <p>4 MR. CARTMELL: Go ahead.</p> <p>5 MS. HILLYER: Last answer.</p> <p>6 THE WITNESS: Any product</p> <p>7 that underperformed would need to</p> <p>8 be compensated by another</p> <p>9 product's overperformance in order</p> <p>10 to hit the goal.</p> <p>11 BY MR. CARTMELL:</p> <p>12 Q. Including opioids?</p> <p>13 MS. HILLYER: He's not going</p> <p>14 to answer the question again.</p> <p>15 You've answered -- you asked it</p> <p>16 six times. And you're over time.</p> <p>17 There's a minute-for-minute</p> <p>18 recross.</p> <p>19 MR. CARTMELL: We just got</p> <p>20 to the point where what you did</p> <p>21 was absolutely wrong, because he's</p> <p>22 now admitted that it could be, if</p> <p>23 something else didn't compensate.</p> <p>24 MS. HILLYER: I think</p>	<p style="text-align: right;">Page 406</p> <p>1 we're all on the same page.</p> <p>2 That's been made clear. He's</p> <p>3 answered your questions.</p> <p>4 MR. CARTMELL: No. I need</p> <p>5 an answer to this last question.</p> <p>6 BY MR. CARTMELL:</p> <p>7 Q. Including opioids, correct?</p> <p>8 MS. HILLYER: Motion to</p> <p>9 strike.</p> <p>10 Go ahead, you can answer.</p> <p>11 And I'll strike that, too.</p> <p>12 THE WITNESS: Yes, all</p> <p>13 products, that includes all</p> <p>14 products.</p> <p>15 MS. HILLYER: Mark, I'll</p> <p>16 give professional courtesy to ask</p> <p>17 your one question.</p> <p>18 MR. CRAWFORD: I think it's</p> <p>19 actually covered.</p> <p>20 - - -</p> <p>21 EXAMINATION</p> <p>22 - - -</p> <p>23 BY MR. CRAWFORD:</p> <p>24 Q. When you said they didn't</p>
<p style="text-align: right;">Page 407</p> <p>1 promote opioids, that was your testimony,</p> <p>2 did they promote a product portfolio that</p> <p>3 contained opioids?</p> <p>4 MS. HILLYER: Objection to</p> <p>5 the term "promotion."</p> <p>6 THE WITNESS: They announce</p> <p>7 product availability and pricing</p> <p>8 for all of the generic products.</p> <p>9 They don't promote the therapeutic</p> <p>10 benefit of any of the generic</p> <p>11 products.</p> <p>12 BY MR. CRAWFORD:</p> <p>13 Q. But they promote their</p> <p>14 product portfolio in some way, even if</p> <p>15 it's not the therapeutic benefit; they're</p> <p>16 promoting it based on pricing or other</p> <p>17 advantages to their product portfolio</p> <p>18 over a competitor's, right?</p> <p>19 MS. HILLYER: Objection to</p> <p>20 form.</p> <p>21 THE WITNESS: I view that</p> <p>22 more as making product</p> <p>23 announcements and availability.</p> <p>24 My experience has been</p>	<p style="text-align: right;">Page 408</p> <p>1 promotion, and I've spent my life</p> <p>2 on the branded side, has been</p> <p>3 promoting the therapeutic</p> <p>4 benefits, the efficacy and risks</p> <p>5 associated with a drug.</p> <p>6 MR. CRAWFORD: Thank you.</p> <p>7 VIDEO TECHNICIAN: This ends</p> <p>8 today's deposition. We're going</p> <p>9 off the record at 6:38 p.m.</p> <p>10 - - -</p> <p>11 (Whereupon, the deposition</p> <p>12 concluded at 6:38 p.m.)</p> <p>13 - - -</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

1 CERTIFICATE

2
3
4 I HEREBY CERTIFY that the
5 witness was duly sworn by me and that the
6 deposition is a true record of the
7 testimony given by the witness.
8
9
10

11 Amanda Maslinsky-Miller
12 Certified Realtime Reporter
13 Dated: November 18, 2018
14
15
16

17 (The foregoing certification
18 of this transcript does not apply to any
19 reproduction of the same by any means,
20 unless under the direct control and/or
21 supervision of the certifying reporter.)
22
23
24

1 INSTRUCTIONS TO WITNESS

2
3 Please read your deposition
4 over carefully and make any necessary
5 corrections. You should state the reason
6 in the appropriate space on the errata
7 sheet for any corrections that are made.
8

9 After doing so, please sign
10 the errata sheet and date it.

11 You are signing same subject
12 to the changes you have noted on the
13 errata sheet, which will be attached to
14 your deposition.

15 It is imperative that you
16 return the original errata sheet to the
17 deposing attorney within thirty (30) days
18 of receipt of the deposition transcript
19 by you. If you fail to do so, the
20 deposition transcript may be deemed to be
21 accurate and may be used in court.
22
23
24

1 -----
2 E R R A T A
3 -----

4 PAGE LINE CHANGE/REASON

5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
18 _____
19 _____
20 _____
21 _____
22 _____
23 _____
24 _____

1 ACKNOWLEDGMENT OF DEPONENT

2 I, _____, do
3 hereby certify that I have read the
4 foregoing pages, 1 - 409, and that the
5 same is a correct transcription of the
6 answers given by me to the questions
7 therein propounded, except for the
8 corrections or changes in form or
9 substance, if any, noted in the attached
10 Errata Sheet.
11

12 JOHN HASSLER DATE _____
13
14

15 Subscribed and sworn
16 to before me this
17 _____ day of _____, 20____.
18

19 My commission expires: _____
20
21

22 Notary Public _____
23
24

1	LAWYER'S NOTES	
2	PAGE	LINE
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____

DRAFT COPY